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ORIGINAL.

ENORMOUS OVARIAN CYSTS; A THEORY OF HEART FAILURE IN, AND A PLEA FOR A DOUBLE OPERATION FOR, THEIR REMOVAL; WITH A BRIEF HISTORY OF FOUR CASES.*

BY GEORGE. E. ABBOTT, M.D., SAN DIEGO, CAL.

Mr. President, Mr. Chairman and Fellows:

At a late day I wrote to our chairman that I had been disappointed in the preparation of my paper and must be absent at "roll call;" or if the society would accept a paper that I had formerly read in New York, I would gladly go up to take my part with others.

Our chairman has been unwise enough to be courteous to me rather than to you, but I hope some of the fellows present may add an interesting discussion, and that you may after all be paid for the few moments spent in considering the question of the subject.

The two main points of this paper are: *First.* An argument that heart failure is due, not so much to the sudden removal of *pericardial pressure*, as to the sudden reduction in the *endocardial tension. Second.* A plea to remove the *fluid in a primary* and the *sac in a secondary* operation, in cases of enormous ovarian cysts.

*Read before the Twentieth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 1 and 3, 1897.

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CASE I.
Circumference of tumor, 58 1-2 inches.

CASE II.
Circumference of tumor, 52 inches.

CASE I. Kindness of Dr. T. Gaillard Thomas. Age 26; married nine years; three children; no miscarriages; labors normal—last, three and one-half years since; decided y emaciated, facies ovarianæ marked. About three years since patient noticed swelling of right abdomen, which increased very rapidly; by advice of her physician, the tumor was tapped, when 52 pounds of clear yellow fluid were removed. She has since been tapped five times in all, at intervals of four and six months, amounts of from 10 to 50 pounds being removed each time. The last tapping was five weeks since, when a half-pailful of dark bloody fluid was removed. She now measures 58½ inches in circumference at level of umbilicus; from r. a. s. s. to umbilicus is 20 inches; from l. a. s. s. to umbilicus is 14 inches; from pubes to umbilicus is 15 inches; from ens. cart. to umbilicus is 25 inches; her weight is 202 pounds.

Operation. Ether; incision in median line, four inches in length. Tumor evacuated by large trocar and canula; contents evacuated rapidly; slight oozing from several adhesions broken up by hand. Pedicle transfixed, ligated with silk, and dropped. Other ovary cystic, removed. Drainage tube. Time 36 minutes. Weight of fluid 80 pounds, of sac 11 pounds; total, 91 pounds. Patient's pulse was very weak during the operation, necessitating the administration of an ounce and a half of brandy, and afterwards still continued hardly perceptible. Brandy and ether were given hypodermically, Magendie for restlessness and stimulants by rectum; but in spite of all efforts the patient did not rally from the shock, and died.

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In discussing the case with my fellow house surgeon, Dr. De Sausseur, of Charleston, S. C., I said I believed that had the tumor been *first aspirated, and afterward the sac removed by a second operation*, the patient might have lived. This was of course an after thought.

CASE II. (Kindness of Dr. W. E. Bullard.) Age 45, single; menstruation ceased at 39 years of age. Three years ago noticed enlargement in abdomen, which rapidly increased in size. Appetite good; heart sounds normal; respiration short of late; heart beat slightly displaced to left and upward; heart sounds normal in rhythm.

Operation. Incision in median line three inches. Edema of lower abdomen; no hemorrhage. Slight adhesions, easily broken up. Cyst evacuated by large trocar and canula. Pedicle fastened to abdominal wall. Time, 75 minutes. Weight of fluid 70½ pounds, of sac 7½; total 78 pounds. Recovery good. Dr. Bullard writes. "I have never seen a patient take ether better than she. She is one of the few patients that I have known to leave the operating room with a better pulse than before operation. When the cystic fluid was being drawn off, the pulse improved perceptibly, and we conclude it must have been due to the relief of pericardial pressure which had embarrassed the heart's action."

You will perceive, hereafter, that this record appears to be antagonistic to my argument. Let me comment upon it at once, and ask you to observe that the patient seemed to be in good condition, with a recorded normal heart beat and one evidently able to withstand a decrease in endocardial tension, especially as it was reinstated from its displaced position and, in my opinion, relieved, not depressed, by the removal of pericardial pressure.

CASE III. (Kindness of Dr. W. Gill Wylie). Age 43; married; 11 children; no miscarriages. Not markedly emaciated. About two years ago noticed beginning of enlargement of left abdomen. For the last six months tumor has grown rapidly; four months ago noticed hernia. Denies all pain. She now measures: Greatest girth, 56 inches; ens. cart. to pubes, 38 inches; ens. cart. to umbilicus, 17 inches; umbilicus to right crest of ilium, 13 inches; umbilicus to left crest of ilium, 15¼ inches.

Operation. Ether; small median incision. On opening the peritoneal cavity a large quantity of ascitic fluid drained away. Large tumor in situ. Incision lengthened in both directions. Four large vascular connections with omentum tied. Posteriorly adhesions to the intestines separated at the expense of the tumor tissue. Pedicle tied and dropped. Incision prolonged upward, and hernial sac, containing only peritoneal fluid, was dissected out. Wound closed; glass drain. Recovery good.

CASE IV. (Kindness of Dr. Chas. K. Briddon). Girth, 64 inches (height 5 feet 4 inches); weight before operation, 267 pounds; weight of fluid removed, 129 pounds; weight of fluid lost, 4 pounds; weight after death, 134 pounds; estimated weight of unruptured cyst and cyst walls found at autopsy, 20 pounds; probable total weight of tumor, 152 pounds.

Here allow me to restate that the two main points of this paper are: *First.* An argument that heart failure is due, not so much to the sudden removal of *pericardial pressure* as to the sudden reduction in the *endocardial tension. Second.* A plea to remove the *fluid in a primary* and the *sac in a secondary* operation, in cases of enormous ovarian tumor.

The theory that heart failure is due to sudden relief of pericardial pressure is not, I think, well founded. Examples of pericardial pressure, as instanced in extreme tight lacing of our fair countrywomen, do at times cause fainting, etc., but its immediate and sudden removal only brings relief to the patient, not heart

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CASE IV.
Circumference, 64 inches.

failure. Dr. G. Heinricius, of Helsingpoor, in a paper entitled "The Effect of Distension of the Abdomen on Circulation and Respiration," states that in his experiments, when distension became considerable, the pulse is at first increased in frequency, then becomes fuller, afterwards less frequent, and, before the death of the animal, suddenly smaller. The arterial blood pressure first begins to rise when the frequency of the pulse is considerably diminished, and then gradually falls as the pulse becomes smaller. Dr. Heinricius gives numerous tracings showing that the abdomen may undergo great distention without abrogating any of the important vital functions.

Now let me ask you to admit that the heart is a muscle, subject to the laws of other muscles, and also that it is of the involuntary type, lacking therefore, the assisting control of the will; that it is a mechanical device used for pumping the blood throughout the system; and that it is more or less governed by the laws of other mechanical engines and machinery. Also, let me recall the fact that all mechanical and muscular devices, while moving heavy weights or meeting a full amount of resistance, when suddenly relieved of a large percentage of that resistance, move rapidly and without control, and the weaker the structure of the machine the more disastrous the result. An engine, in drawing a heavy train, upon the breaking of a coupling, dashes forward often to its own ruin; a clock deprived of its governing pendulum, rattles away the seconds and destroys its mechanism; a heavy steam pump, upon the sudden breaking of a large main near by, plunges its piston violently up and down when the resistance is suddenly removed. So the heart, governed by the same laws, becomes unmanageable by

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the sudden cutting off of a large percentage of its usual resistance, as in amputations of the thigh, removal of large fibroids, of extended cyst walls, or puerperal hemorrhage. Again, an athlete may go hand-over-hand to the top of gymnasium upon a rope which fills his hand, yet can hardly lift himself upon a clothes line or wire which does not fill his grasp, and the effort to constantly grasp it gives exceeding pain and fatigue to the muscles of hand and arm. In like manner it is not the loss in the quality of the blood which causes heart failure, but in the quantity of the fluid removed, for immediately that we transfuse milk or salted water, the endovascular tension is restored, the friction increases, and the pulse returns to its normal condition. Herein is one secret of the usefulness of Esmarch's bandage.

Another illustration is that a comparatively small amount of fluid may unbalance or restore the endocardial tension. Thus in venesection we are forbidden by Marshall Hall to remove from the average patient more than 15 ounces of blood; and Professor Dujardin-Beaumetz, speaking of cardiopathic patients, says: "I need only call your attention, in this connection, to the palpitation of anemic persons after prolonged losses of blood, to convince you that any modifications produced by blood-letting are detrimental. You will, then, eschew venesection in mitral disease, as augmenting the useless labor of the heart." He also warns against the use of very hot or cold baths, and, in speaking of aspiration in ascites, says: "I have always observed that patients rapidly become enfeeb ed under the influence of this operation. And this kind of 'white bleeding' only exhausts the patient and cuts short his days." Again, Dr. Chadwick cautions us, in transfusing, not to introduce, at one sitting, more than six ounces, lest too much strain be placed upon the heart, not external, but endocardial pressure. Thus we see that a small amount of fluid readily influences the endocardial tension. Now, in the removal of large fibroids or an entire limb, we remove a large frictional surface which the heart is accustomed to have as a balance wheel to its action.

In removing an enormous ovarian cyst, we not only remove a large frictional surface, *but also a large amount of blood from the circulation contained in the vessels of the sac, even though not a drop be lost externally.* To illustrate: Recall the appearance of a coarse-grained, very porous sponge; hold it with its section end towards you, and compress it between your palm and fist, so that the extended hand shall represent the abdominal wall, with the sponge channels, as blood vessels compressed by the fist, as the tumor. Now relax the pressure by partially removing the fist, and observe how the flattened and compressed calibres of the sponge pores promptly resume the rounded contour of the cylindrical blood vessels, drinking in large draughts of fluid, air, water, or blood. It is thus that the large areas of sinuses, veins, and capillaries in the abdominal and sac walls, when relieved of pressure of the filled sac, drink in large draughts of tension blood, and, with satiated slothfulness, hold it within themselves and refuse to press it forward. This dilatation of innumerable vessels, not only over the large area of the abdominal and cyst walls, but in the whole extent of the portal system as well, is as truly an internal hemorrhage, as far as endocardial tension is concerned; as though an equal amount of blood had escaped into the abdominal cavity from an insecure pedicle of a patient suffering with a small tumor, with normal abdominal and portal circulation.

'It is not surprising that we have the quickened pulse and the panting of the heart from reduced endocardial pressure, calling for brandy and ammonia to support, ergot and digitalis to contract, transfusion to reinforce, and compression to aid in restoring that endocardial tension by which alone life is possible. It is at this juncture that we get the advantage of the copious hot douching of the abdomi-

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nal cavity; not in the slight amount of liquid absorbed, for the effect is too sudden, but in the stimulus to the sympathetic nerves, reviving the tone of the viscera, and also in reducing the calibre of the large vascular system, which, in contracting, forces both backward and onward an amount of blood which must increase the general endovascular tension.

It would seem, therefore, that in removing a large abdominal tumor (or a small one in case of a faulty heart, where a slight reduction in tension would make an equal heart failure) our aim should be, not so much to restore the abnormal pericardial pressure by the abdominal bandage, as to restore the endocardial tension by it and by stimulants, ergot, and digitalis acting to contract the calibre of the vascular system. It is the belief of the writer that the real action of the abdominal binder is not so much by restoring the abdominal pericardial pressure, as that, by compressing the abdominal and portal systems, it diminishes the calibre of, and increases the friction in these vessels, and so restores their frictional resistance, and thus the endocardial tension; as, in like manner, bandaging a limb or elevating it increases the tension in the vital organs at the expense of the non-vital.

In the history of the first case it will be observed that the action of the heart was immediately accelerated, not by the slight loss of blood from the abdominal incision, which had been controlled, but by the withdrawal of the fluid, which reduced the frictional resistance, and by allowing the vessels to dilate and thus reduce the endovascular and consequently the endocardial tension. It will be urged that, according to this theory, we should get the same dilatation of the vessels of the sac and abdominal walls after tapping or aspiration—for we practically remove the tumor, as far as pressure is concerned—and that we should have the same rush of blood to these expanding vessels and the same heart failure. *This is most certainly the case*, and life is often jeopardized, and not infrequently lost, from tapping alone where not a drop of blood has escaped. This is one of the strongest proofs I have that this theory is well founded and correct, and is the strongest argument for the double operation.

When we know that the quick removal by tapping of a large amount of fluid from the abdominal cavity, be it ascitic or ovarian, often taxes a feeble heart to its utmost, how can we justify ourselves in adding the physical shock of immediately entering the abdomen, tearing away adhesions, exposing the peritoneal cavity, and roughly handling the intestines?

It is for these reasons that the double operation should be performed, and that we first remove the large mass of fluid by aspiration (not by tapping), during which we can, by pressure with the many-tailed bandage, fortify the endovascular tension and preserve the frictional resistance in the adventitious sinuses and veins of the abdominal and sac walls and portal circulation. Any other cause of heart failure, such as atrophy, dilatation, fatty degeneration, valvular lesions, anemia, etc., will of course intensify our need of extreme caution. As soon thereafter as the circulation is again established, let the sac be removed by the secondary operation, within a few days at most. Let me here say that I do not advocate aspiration instead of operation; but first TO ASPIRATE, AND THEN REMOVE THE SAC in a second and promptly following operation. It will be urged that in aspirating first I run the risk of septic peritonitis and of adhesions. This, in a slight degree, is true; yet I feel that it should have no weight in the balance of argument, for, with the aseptic precautions of the present day, the slight wound of an aspirating needle ought to be perfectly safe. Certainly Case I shows five *tappings* with no bad results; nor were there any formidable adhesions. Moreover, it is the rule to find that enormous cysts have been tapped or aspirated many times.

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On the Pacific coast especially, where there are but two or three medical centers, at great distances apart, the risks of transporting these large tumors, when full, is very great.

I would earnestly urge that in these enormous cysts we abandon the brilliant failures for the conservative successes; that the fluid be first removed by aspiration and not by trocar and canula; that the patient be saved every mental shock possible; and the heart be allowed to regain the mastery of the circulation before the sac is removed.

Since writing this paper I have learned of a case that greatly strengthens my plea for the double operation, recorded by Dr. John Homans of Boston, in his book entitled "Three Hundred and Eighty-four Laparotomies for Various Diseases," as follows:

"Case 82 was one of the largest tumors I have removed; the solid and fluid contents (removed two days before and at the operation) weighed 105 pounds. The patient is now in robust health."

Skilled surgeons still remove these enormous tumors at one sitting. Often, with a good heart, the patient survives; often, also, in the class of cases for which this paper is written, patients die who, it seems to the writer, might be saved by a carefully conducted double operation.

DISCUSSION.

Dr. E. A. Praeger: Enormous tumors are now a thing of the past, because doctors are no longer afraid of abdominal surgery, and, there is no scarcity of abdominal surgeons. I should regard aspirating a retrograde movement; more lives are saved by removal than by aspiration, and it is good surgery to make one job of it.

For the successful termination of such a case, I would depend on the administration of strychnine before the operation, and normal salt solution intravenous, subcutaneous, and abdominal during the operation. In a recent case of a cyst of broad ligament extending to the liver, five pints of normal salt solution were used with success. A capable anesthetist is needed also, both to administer the anesthetic and to keep a close watch as to the condition of the patient.

Dr. Parker: There is danger in the sudden removal of a large amount of fluid. Tapping of the pleural cavity has often been followed by heart failure.

Dr. Price: In tapping, heart failure is the thing to be dreaded, hence one should always be ready to combat it.

Dr. Milbank Johnson: It was said in the paper that one should "not inject over six ounces at a time." Some considerable solution must be used before blood pressure is raised. The results are in direct proportion to the amount used. I have repeatedly injected three pints.

Dr. Geo. L. Cole: Aseptic aspiration is not dangerous. The amount of fluid withdrawn must be governed by the condition of the patient.

Dr. F. D. Bullard: Strychnine, atropine, and hot (112°) normal salt solution, either in hemorrhage or nervous shock, are indicated,

Dr. W. W. Beckett: I have tapped a woman, 69 years of age, three times without any evidence of shock. I think it would be a wise procedure in large cysts.

Dr. Geo. W. Lasher: It is not always possible to tap a large cyst. The fluid may be too viscous to flow, or a cyst may be multiloculor. I saw one case where the tumor weighed 60 pounds. I tapped, removed fluid, and operated successfully three days later. In all such cases would attempt to remove fluid first; think the chances of ultimate success are improved.

Dr. F. T. Bicknell: Is aspiration worth the trouble? I have not met with

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heart failure from tapping. Of course if heart is weak, care should be exercised. In very large cysts I might favor aspiration.

Dr. Van Slyck: Repeated tappings may sometimes result in complete recovery. I once knew of a patient who every four months was aspirated and a large quantity of fluid removed. During the last four years she has been completely well.

Dr. Abbott: I would certainly use intravenous injection in these immense tumors, as the fluid would go to fill the immense veins present in such cases. The heart failure is due to lack of endocardial pressure. It is useless to depend upon strychnia and digitalis with an empty heart. I would advise aspiration only in the truly enormous tumors. As to there being no more such tumors, they are rare; but I was told yesterday of a case here in Los Angeles apparently as large as any of those reported in my paper. I would like to add that my remark in the matter of "Brilliant failures" vs. "Conservative successes," must not be applied to the two fatal cases I reported. Both patients were told of the probable outcome of their operation—both were advised against it, as exceedingly dangerous; both, however, insisted upon taking one chance in a thousand, for life was but continual death with them. Both had the best surgical skill and hospital care at the time.

THE TOPOGRAPHY OF LARGE OVARIAN CYSTS.

BY WM. A. EDWARDS, M. D., SAN DIEGO, CALIFORNIA.

FELLOW OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA; FORMERLY INSTRUCTOR IN CLINICAL MEDICINE IN THE UNIVERSITY OF PENNSYLVANIA; PHYSICIAN TO ST. JOSEPH HOSPITAL; ASSOCIATE PATHOLOGIST TO THE PHILADELPHIA HOSPITAL, ETC.

I desire to call your attention to a diagnostic point in large ovarian cystoma that the books say very little about.

While it is one of the minor points still it is worthy of record, the more so as the opportunity to observe these large growths becomes less and less as operators and diagnosticians become more expert.

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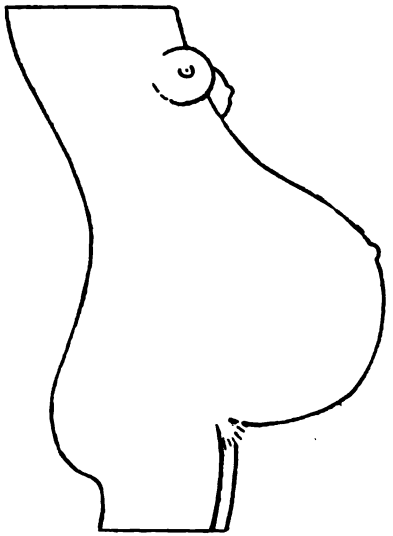
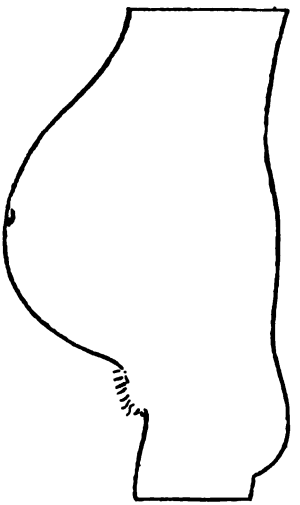
The cysts are recognized early and removed before they attain extraordinary size. The five cases immediately antedating the one that we are considering were all small, the largest of these measured but 13 cm. in its transverse axis and 18 cm. in its long diameter. In 1890 we removed one weighing 78½ pounds and and in 1891 a large cyst of an estimated weight of 70 pounds; some of the fluid was lost before weighing.

The accompanying photograph, taken by Dr. F. H. Mead, represents an ovarian tumor which weighed 65 pounds. It was removed with the assistance of Drs. Burton, Barlow and Gochenauer and in the presence of Drs. Nugent, Crepin, Goff, McKinnon and Mead.

It most graphically illustrates the ovoid distention of the abdominal wall. This is in accordance with the statements of Kelly, who says that the form of abdomen characteristic of large ovarian cysts is a globular or ovoid distention of a part or whole of the abdominal wall. The enlargement is uniform in parovarian polycystic tumors without bosses. As they become supra-umbilical the ovoid still retains its shape but it is apt to have an inclination to the right.



Tracing of a large fibroid of uterus from nature.



Tracing of woman at full term from one of Braun's figures.

For comparision the diagrams represent two forms of abdominal distention: large fibroid and pregnancy. The lines indicate the direction of the greatest distention and consequently the shape of the abdominal walls.

ASTHENOPIA.*

BY W. W. MURPHY, M.D., LOS ANGELES, CAL.

Asthenopia is a term used to denote pain or weariness from use of the eyes. It is not a disease but a convenient term for manifestations almost as numerous and varied as hysteria itself. I have selected this topic for my paper because it is one which should be of interest to the general practitioner. Headache, backache, vertigo and nausea are all asthenopic symptoms; in fact, many of the

*Read at the Twentieth Semi-Annual meeting of the Southern California Medical Society, held in Los Angeles, Dec. 1 and 2, 1897.

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symptoms are so remote that a correct diagnosis can only be arrived at by the process of exclusion and by the fact that when the ocular defect has been discovered and corrected the symptoms disappear. For convenience, we divide asthenopia into accomodative, muscular, neurasthenic, reflex.

Hypermetropia, astigmatism (especially a combination of the two), and anisometropia (or unequal refraction of the two eyes), are the chief causes of the accomodative variety of asthenopia. While large errors of refraction cause no serious inconvenience in many persons, others more susceptible, having only small errors, especially hypermetropic astigmatism, suffer severely. There is an indistinctness of vision after prolonged work on near objects, pain in the eyes, headache, nausea and dizziness. The refractive error should be carefully sought and accurately corrected. In those cases it is often necessary to use atropia to overcome the accomodative spasm and enable us to make the exact correction.

Cases of muscular asthenopia are sometimes much more difficult of diagnosis than the accomodative variety, and owing to the fact that they are frequently dependent upon the condition of the general system the treatment at times is far from satisfactory. Any of the external muscles of the eye may be at fault and may cause muscular asthenopia, but it is the internal or external recti with which we have to deal chiefly, but the lack of balance in the opposing muscles which move upwards and downwards is much more frequent than one would suppose without making tests to ascertain their relative strength. Because at the working point there is the greater muscular strain, it is to the muscular errors developed at this point that attention has been chiefly directed.

Within the last few years, however, it has been shown that muscular errors in distant vision are even of more importance than those developed at the near point.

A person strong and healthy with good muscular development and good general health may have a lack of balance of opposing muscles of the eye and asthenopia as a result. This class of cases may generally be cured by prisms, graduated tenotomies, etc.

We have another class, however, in which the insufficiency of the ocular muscles is dependent upon impaired nerve power or general ill health. These present greater difficulties.

A severe attack of sickness may be the cause and the eye trouble be the effect, which disappears when the patient's health becomes normal.

On the other hand ocular muscular errors may produce reflex troubles, such as neuralgic pain in the head, pain in the stomach, aphonia, palpitation of the heart, intense nervous excitement, etc., which disappear when the ocular defect has been corrected.

Causes—Myopia in which there is generally weakness of adduction and hypermetropia in which there is generally weakness of abduction and astigmatism; lowering of the general health by acute or chronic disease, injuries, syphilitic gumma, congenital disorders and heredity. Reading in bed, on railway trains, embroidery, painting, studying languages whose text is intricate as German, Hebrew and Greek, are exciting causes.

Lack of vigor caused by too rapid growth, by malaria, by any debilitating causes, such as hemorrhage, anemia, or fevers may act as a cause of muscular asthenopia.

Subjective Symptoms—Pain in using or fixing the eyes is the chief symptom. This occurs in all kinds of near work and may appear in distant vision as well; as in looking at a street parade, at the people on the stage in the theatre, riding in a railroad or a street car. If we test each eye separately we may find the

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vision good but when both eyes are used there is an unsteadiness of letters or objects caused by a tendency to diplopia which has the same appearance as a refractive blur. The eye balls ache and the patient presses upon them, affording temporary relief. He may have pain in the head referred to any part of it. Very many of the obstinate headaches, especially those known as "sick headaches" are caused by ocular muscular errors. When the health is feeble or the patient neurotic we may have the most intense and remote symptoms. Noyes says asthenopia in some subjects is almost as protean as hysteria and the two go hand in hand.

Spectacles when properly prescribed are of inestimable benefit to the asthenopic patient, but when improperly prescribed are very injurious.

In accomodative asthenopia from spasm of the ciliary muscle the patient, though he may be quite highly hypermetropic, may be to all intents and purposes myopic, and because he refuses to accept a convex glass and does accept a concave one, that is prescribed for him by the street vender of glasses or by the jeweler optician where eyes are tested free. With these glasses his troubles are all aggravated and he probably concludes he is bilious and takes a physic, or perhaps consults his family physician who sends him to an oculist, who puts atropia into the eyes and the spasm ceases to be a factor in that problem. To see a hypermetrope, having serious asthenopic symptoms wearing concave lenses, is far from an uncommon occurrence.

In anesthopia we may have a very complex problem. We may have carefully corrected the error of refraction and have prescribed the glasses which enable him to *see*, and yet if the trouble be due to uncorrected errors in the ocular muscles the patient still has asthenopia.

Physicians each year more thoroughly appreciate the fact that many of the nervous phenomena which will not yield to the ordinary remedies are materially modified, or entirely disappear when the ocular error has been discovered and corrected.

Muskegon Block.

DISCUSSION.

Dr. A. L. Macleish: One reason why this condition is so frequent here is that so many are in an indifferent state of health, neurasthenics, climatic refugees; any trouble will be more serious than if patient was in robust health. The climatic conditions, being rather enervating, have more to do with the cause than the brilliant sunshine. Sensitiveness to light is a secondary phenomenon, depending on uncorrected strain and relieved in nine out of ten cases by accurate correction. With regard to muscular error, estimate carefully; as to treatment, ignore it largely. Muscular defects largely secondary to errors of refraction and cease after their correction. Defects of lateral muscles may be ignored, but those of vertical muscles are more important. Defects in distant vision are more important than in near. The matter has been brought out so fully in the paper it is not necessary to enlarge on it further.

Dr. Geo. S. Hull: What should be done with the opticians? It would be best to let them alone if you consider your own pocket-book and not the patient. They ignore astigmatism, put on a minus glass and finally the patient comes to the oculist and is willing to do whatever he is told. I would be one to fight for a law to prevent their making examinations. As to muscular errors, at the A. M. A. a few years ago, I was with Dr. Gould in a discussion opposing tenotomy against Dr. Stevens, and still hold to that opinion. Correct the astigmatism and as much hyperopia as is needed. Let lateral muscles alone until you have tried everything else.

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Dr. Geo. S. Lund: Would corroborate what has been said as to muscular defects—only with the superior and inferior recti are prisms of any avail. In esophoria, after proper correction of refractive error it is necessary to tenotomize the overacting muscle. Wearing of prisms may give temporary relief but no prism gymnastics can be carried out that will increase the dynamics of the inefficient muscle. In exophoria, muscle exercise will overcome the insufficiency nearly every time.

Dr. T. J. McCoy: This subject has received much attention. When I was east, discussed it with several. All agreed that if errors of refraction are corrected asthenopia will disappear. Webster has about abandoned tenotomy. Dr. Stevens has complex cases, not helped by others, sent to him which he relieves. Increased wearing of glasses perhaps due to two reasons: defect in constitution from living more rapidly and fact that more cases are found out.

Dr. R. W. Miller: I agree as to correction of refractive error. If patient is suffering from exhaustion, strychnia is valuable; systematic use of prisms is not to be ignored. I would be glad to assist in getting a State law.

Dr. Murphy: I concur with Dr. Macleish largely in idea that the superior and inferior muscles cut a larger figure than the lateral, but the latter are not to be ignored especially in hypermetropia as when used at a distance the muscles are more developed than in the emmetrope or myope.

SURGICAL TUBERCULOSIS.*

BY JOS. KURTZ, M.D., LOS ANGELES, CAL.

In my young days many diseases could not be properly diagnosed and were then called by terms which meant much or nothing. I remember I asked once for a definition of the disease, amaurosis, and was answered: "It is a disease in which the patient can not see anything nor the doctor either."

Every chronic disease of childhood, whether the result of malnutrition, bad hygiene or the sequence to some known disease, but not exactly a disease of lungs, heart, liver or kidneys, was called scrofula. This term has been in use for, I believe, hundreds of years, and is conveniently used today for conditions, which we now know to be of a tuberculous nature. By this I do not mean to say that all so-called cases of scrofula are tuberculosis; there are, no doubt, cases of malnutrition with enlarged glands and anemia; cases of lymphadenitis, in which we cannot find any tubercle bacilli and for which the term scrofula is still applicable.

The term tuberculosis was, up to a comparatively short time ago, only applied to the pulmonary disease; all the localized tubercular processes were included under that convenient name scrofula, until Villemin, in 1866, inoculated rabbits with the cheesy material of a scrofulous gland and produced all the symptoms of a general tuberculosis.

In 1877, Klebs made his studies as to the infectious quality of such material by culture experiments, proved the existence of bacteria, and found that by inoculation he could produce tuberculosis. Many others followed in the same line; Schueller and Hueter experimented on joints, and produced localized tuberculous joint diseases. But not until Robert Koch, in 1882, isolated the bacillus tuberculosis from the sputum and from tissues removed from tuberculous processes, and proved beyond a doubt the dependence of tuberculosis on the existence of this bacillus, not until then were we enabled to positively diagnose localized tuberculosis, the disease, which in most cases comes properly within the realm of the surgeon and is therefore now termed surgical tuberculosis.

*Read at the Los Angeles County Medical Association, December 17, 1897.

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Considering all forms of tubercular affections there is scarcely a part of the body which may not become the primary seat of such infection. As to the frequency of the disease I shall cite here from Senn's Principles of Surgery: "The frequency of tubercular affections is something appalling; at least one person out of every seven dies of some form of tuberculosis. Most of the large hospitals contain from 25 to 50 per cent. of patients afflicted with this disease. The ravages of the disease are to be seen everywhere, in the shape of disfiguring scars of the neck, deformed limbs and bent spines. Health resorts, frequented for years by tubercular patients, have become infected to such an extent that there is great danger of the whole population becoming exterminated by this disease. The sources of infection in such places have become so numerous that it is unsafe to breathe the air, to drink the water, or to eat the food prepared in houses which for years have been hot beds for the bacillus of tuberculosis, and by persons carrying the microbe upon every square inch of their surface. That whole communities and nations, where the disease has prevailed for centuries, have not been completely depopulated long ago is owing to the fact that many persons possess, from the time of their birth, a degree of resistance to infection that even direct infection by inoculation would prove harmless."

Fortunately for us here in Los Angeles, we know that this graphic picture, which was written in Chicago, far removed from any health resort, is a good deal overdrawn, but the fact remains, the frequency of the disease is appalling and the danger of infection very great.

It is generally accepted that an important element in the etiology of tuberculosis is an hereditary or acquired predisposition, although we may not be able to demonstrate any definite anatomical defect. This predisposition consists in a lack of power of resistance to the action of the bacilli, often located in some particular spot, called the *locus minoris resistenciæ*, which may be the result of but a trifling injury. This idea had so prevailed on Sayre that he, in spite of all bacteriological demonstrations keenly asserted there was no coxitis, no spondylitis, without injury and further maintained that the scrofulous or tuberculous condition was simply the sequence to the traumatism. We now know positively that without a bacillus infection there can be no tuberculosis, but we also know that the bacillus is generally harmless without a weak part in the system. Whether this weak part existed before the entrance of the bacillus or the bacillus had entered the body in some way and laid dormant until some trifling or severe traumatism or some disease had produced a *pars minoris resistenciæ*, to which to invite it is immaterial in my opinion. The danger of infection from man to man had been fully understood by Klebs and others, before Koch's discovery, but the very modus of entrance of the noxæ was not clear. The air is no doubt the best carrier of those bacilli contained in the dried sputa, carelessly thrown about on streets or public places, which may contaminate the respiratory organs or wounded parts. The milk of tuberculous cows is another carrier which frequently deposits its dangerous material in the digestive tract. But wherever the bacilli are first placed they will before long find that *locus minoris resistenciæ* to begin their destructive work.

The immediate effect of such tuberculous infection varies with the tissues invaded, whether they be bony or soft, in all, however, it causes chronic inflammation, resulting in the production of granulation tissue.

In a joint we can best observe its effect, as it consists of both the bony and soft tissues. Tubercle in bone in its early stage is invisible to the naked eye, but after a reasonable time a halo of inflammation or vascular redness appears around a semi-transparent circular spot, with an opaque center, quite bloodless, often with an irregular border, the surrounding bone-medulla of deep red color. The junc-

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tion of several isolated tubercles forms a mass of granulation. If the disease is of long standing we may observe the degenerative changes in the form of cheesy patches and these slowly progressing caseous patches are often preceded by a chronic osteitis, and may terminate in suppuration, with softening and destruction of bone tissues and finally a perforation of the bone. Senn denies the existence of pus in unmixed tuberculosis, claiming it to be a liquefaction of the chessy material into an emulsion. He declares that the bacillus tuberculosis is not a pyogenic microbe, and that, when true suppuration takes place in the tubercular product, it occurs in consequence of secondary infection with pus microbes. In some cases there is no limiting inflammatory exudation, the whole bony tissue is softened and filled with the products of inflammation, pus, broken-down osseous tissue and tubercular matter, the bone becomes spongy and is easily crushed with the fingers. This form ends generally in diffuse osteomyelitis. Sometimes the degeneration produces a large cavity filled with cheesy material and surrounded solely by a thin shell of sclerosed bone, and these cases are often apparently disturbing the patient but very little.

In other cases again we find, as the result of the disturbance of nutrition of the bone, necrosis and sometimes large sequestra appear among the contents of a bone abscess. All cases have a tendency to progress towards the joint, but rarely do we notice an abscess breaking through the bone before invading the joint. The effect of the extension of the disease upon the cartilage is at first congestion, later a diminished and finally a cessation of the supply of blood. The cartilage changes its color from the bluish to a yellowish hue and is finally detached from the bone. A perforation takes place and the articulation proper is invaded. The extent of the disease in the cartilage depends on the extent of the diseased surface of the bone under it, there may be but a small hole in it, there may be many and sometimes the whole cartilage may be detached in a mass. But before any perforation has taken place, the synovia has usually suffered for a considerable time already, the joint has generally become distended with effusion caused by the extension of inflammation by contiguity of tissue. This swelling may in some cases partially disappear, to return, however, at the least provocation and finally remain permanent. The tubercular process of the synovia will now go on with that of the bone, the capsule of the joint weakens and as suppuration of the whole joint takes place, the capsule ruptures and the tubercular abscess is fully established.

I have willingly omitted to make any classification of the various processes of this disease, as we may find almost as many different classifications as there are authors on this subject. I will simply mention that Koenig's classification, which is generally accepted in Germany, consists of:

1. The granulating focus.
2. The tubercular necrosis.
3. The tubercular infarct.
4. The diffuse osteomyelitis.

I usually classify the disease in my lectures to the students as:

1. Osteitis granulosa.
2. Cheesy infiltration, or caries sicca, or
3. Rarefying osteitis.
4. Caries necrotica.

In children, the primary tubercular infection is usually in the bone, and in adults it begins oftener as a synovitis. Before the tubercular nature of the primary synovial infection was correctly understood, this form used to be termed pulpy degeneration, white swelling or tumor albus. The earliest changes which are caused by the tubercular disease of the synovia are a swollen, opalescent con-

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dition of the membrane, injected or covered with products of inflammation. The surface soon loses its smooth appearance and gradually becomes transformed into granulation tissue. The membrane softens and masses of caseous material will form in and upon the membrane. This process extends upon the ligaments, the capsule, the cartilage, and if not interfered with, upon the ends of the bone. Suppuration of the whole joint may follow, the capsule rupture, and finally we have the same picture as that caused by the primary bone disease, After rupture of the capsule, the para-articular structures become involved, and at last fistulous openings appear, either near or remote from the original seat of the disease, according to the location of the joint. The *symptoms* of the disease I shall not attempt to state, as they vary in the different joints; suffice it to say that in either case, whether first osteal or synovial, the symptoms, in the beginning and before suppuration has taken place, are those of a moderate form of chronic inflammation. The temperature rises but slightly, rarely more than 1½ degrees in the night, and may be normal in the morning. Even after a purulent infiltration, as long as no fistulous opening exists to admit pyogenic microbes, the temperature rarely rises more than two degrees. Pain, tenderness, swelling of the joint and muscular atrophy, will all be noticed during the course of the disease, some joints causing a good deal more distress than others.

The prognosis of the joint-tuberculosis, whether primarily osteal or synovial, although serious, is not quite as unfavorable as that of the tubercular infections of the lymphatic glands or the internal organs. Even spontaneous cures are possible under favorable conditions. Few children, who receive proper care, perish from tuberculous joint diseases; but many are the cases where they do not get proper care, and therefore still the high percentage of mortality of about 27. Cicatrization takes place in many of the small granulating foci. Even in case of cheesy degeneration, which has not yet undergone liquefaction or suppuration, the diseased focus may become encapsulated and result finally in absorption and cure. Large sequestra always act as foreign bodies and sooner or later, must be removed. If the disease has extended from bone to joint, or from joint to bone, the prognosis is questionable. A fatal issue may ensue from asthenia, the result of extensive suppuration, hectic pyemia, amyloid degeneration of the internal viscera, internal affections, tubercular or otherwise, rupture of an abscess internally or from perforation of a large vessel. As to the function of the joint, this is practically always impaired, the great majority of cases end in partial or complete anchylosis.

Cases may appear cured, but bacilli may still be in the joint, and, after many years, may appear again.

Treatment—The treatment of patients afflicted with tubercular joint-disease must be general and local. Hygiene, generous and improved diet, rest, sufficient sleep, proper clothing, salt baths, plenty of sunshine and fresh air, if possible at the seashore, are very important to improve the general health. Cod liver oil, the hypophosphites, iron, small doses of quinine or arsenic are remedies to tone up the system. Guaiacol carbonate has recently been tried as an internal antiseptic, but with less success than in pulmonary tuberculosis. *Locally* we must resort to such appliances as will immobilize and probably extend the part affected, thereby insuring physiological rest, prevent or overcome muscular contraction or contractures, and, if possible, correct deformities. In many cases a plaster of Paris cast or a similar apparatus made of leather, felt, or any other plastic material, may be sufficient; in others we may find the properly constructed immobilizing and extending braces of greater advantage.

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If the cases do not improve under this conservative treatment, operative measures should be resorted to, and these by no means as a *dernier ressort*, but early.

These operative measures include:

1. Ignipuncture.
2. Aspiration of the joint-fluid.
3. Parenchymatous joint injectionof a 10 per cent. iodoform-glycerin emulsion.
4. Incision, followed by removal of limited foci or arthrotomy.
5. Resection or excision of the joint.
6. Amputation.

147 S. Main St.

PROFESSOR TARNIER.

BY S. A. KNOPF, M.D., NEW YORK.

It was at my first alma-mater, the College of Medicine of Southern California, from the lips of my honored preceptor, Professor Lindley, who then held the chair of obstetrics there, that I first heard the name of Professor Tarnier. He told us of that wonderful obstetrician, that inventive genius, while explaining to us the workings of the axis-traction forceps. Little did I then dream that one day I would have the privilege to listen as student to this master of the art of midwifery, and that, later on, I would have even the honor to complete my obstetrical training as assistant in the clinic of this great teacher. I may thus be privileged to write my last tribute to him on the pages of the SOUTHERN CALIFORNIA PRACTITIONER, the journal which I still call the journal of my home, and which has been so closely associated with the school of the men who taught me first of Tarnier.

Etienne-Stéphane Tarnier was born at Aiserey, near Dijon, France, on the 29th of April, 1828. He received his classical education at Dijon, and entered the school of medicine of Paris in 1848. But he interrupted his course for nearly a year to help his father, who was also a physician, during the cholera epidemic of 1849, with which that part of France from which he came was then so severely afflicted. He returned to Paris again and took up his studies with renewed vigor. He became interne in 1853, and began his service as such at the "Maternité." He soon found that the art of midwifery seemed to be his vocation. He became a pupil of Delpech and Danyau. The mortality from puerperal fever in those days was very great. Out of every six women confined in the Maternité, one died. Semmelweiss' ideas of contagion were then not even recognized in Germany, and were of course unknown in France. It is said that one day one of the surgeons of the "Maternité," seeing a poor pregnant woman slowly approaching to enter it, cried: "N'entrez pas ici, si vous voulez vivre." (Do not enter here if you desire to live.)

Tarnier soon became convinced of the contagious nature of puerperal fever. He wrote his thesis for the final degree on this subject. His ideas were of course ridiculed at first, and his studies having come to an end, the struggle for life began. Seeing so little encouragement in Paris, he thought of returning to his home; nay, even of abandoning his medical career. But one man, Dubois, had recognized his genius; he made young Tarnier his chef of clinic, and a new bright future was before him. He enlarged his thesis and brought his manuscript to Baillere, the noted medical editor. Looking only at the title and the young man before him, he said: "Sir, there is but one man in Paris who has a right to write on this subject." With faltering heart Tarnier asked the venerable editor who

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this one was. The reply was: "Dr. Tarnier." "I am Dr. Tarnier," he replied, and the manuscript was eagerly accepted.

A life of the greatest usefulness began. To Tarnier we are indebted for the doctrine of isolation for puerperal fever, and for the introduction of sublimate as the best antiseptic in midwifery, so that today the mortality from puerperal fever in all well-conducted maternity hospitals has been reduced to nearly zero.

His mechanical genius showed itself in numerous instruments which bear his name. His axis-traction forceps, his basiotribe, his cephalotribe, and his dilators are used in all civilized countries. His "couveuse" or incubator has saved the life of many a child which arrived before its time. His numerous writings are known throughout the medical world. I need not mention them. His latest, "Traité d'accouchements," is left unfinished, though two volumes have already appeared. The work will, however, be completed by some of his favorite pupils and co-workers (Chantreuil, Bar, Budin, Bonnaire, Maygrier, Tissier). He held many positions of high trust and honor. He was first Professor of Obstetrics at the Faculty of Paris up to his death; he has been Commander of the Legion of Honor; also President of the "Soci té de Chirurgie," of the "Académie de Médecine" and of the "Société Obstétrique de France."

As a teacher of obstetrics Tarnier had few equals. His kindness to his pupils, his tenderness for his poor patients was touching to witness. I know of few masters who were more honored by their colleagues and more revered and loved by their pupils than he was. His countless patients worshipped him.

Farewell, dear Master. Thou hast saved more lives than perhaps any physician of modern times. Thy name will be blessed and remembered when the names of great warriors, the heroes of battles, will have been forgotten. Adieu, cher Maitre, and

REQUIESCAT IN PACE.

955 Madison Ave.

SPLENECTOMY.

BY J. T. STEWART, M.D., LOS ANGELES, CAL.

A lady, 50 years of age, was brought into my private hospital, presenting the following history and symptoms: Had been ill during a period of about about one year. Had vague discomfort in her left side and back. Had not sought medical advice until she discovered a tumor, which grew rapidly. Her condition on admission was very discouraging: temperature 103, pulse 115, emaciated and icteroid. The condition was one of great gravity, and, viewed from whatever standpoint, was unpromising. A purely surgical case; medical treatment had been employed all these months. Drs. Cowles, Maynard and Haynes kindly studied the case with me and sustained my conclusions.

Under chloroform anesthesia, I made a long vertical incision over the most prominent portion of the tumor, exposing a large and universally adherent spleen. The organ extended deep into the cul de sac of Douglas and crowded up the diaphragm, to which it was firmly adherent. From the first incision a transverse one made it easy to commence and separate between ligatures the more vascular attachments. Whilst dealing with the diaphragmatic end, respiration was alarmingly suspended.

The operation was done rapidly, and the patient was taken from the table in fairly good condition. However, she died, and no doubt sepsis and her exhausted condition were prime causal factors. She lost very little blood.

In the organ were found multiple suppurating areas. The organ was 10 or 12 inches long—in its other diameters, three or four inches.

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Mortality, under such conditions, must always be high; but without operating, death is inevitable. In cases like this one, involving widely distributed inflammatory degeneration, splenectomy is the only rational alternative. If a small abcess is present with parietal adhesion, incision and drainage would be proper.

Splenectomy is a legitimate resource in certain cases of malarial hypertrophy, but never in the leukemic.

Successful splenectomies have demonstrated that the spleen has no indispensable function.

A large and adherent spleen makes the operation rather formidable and invests it with very great danger.

Burdick Block.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

ACTION OF ALCOHOL ON DOGS AS REGARDS NON-VIABILITY AND MALFORMATION OF THE YOUNG, AND SEVERITY OF ATTACK IN AN EPIDEMIC OF DISTEMPER.—(*Jour. of Boston Society Med. Sciences*, Dec., 1897.) Dr. C. F. Hodge. The main feature of the experiment was, first, that normal dogs, brothers and sisters from the same litters, have been kept to control at every step the findings in the alcoholic animals. And second, the amount of alcohol given, 40 ccm., is not sufficient to produce intoxication, being about 4 ccm. per kilo of body weight.

Both pairs have produced three litters of pups up to date, an analysis of which may be seen in the following table.

	Alcoholic pair.			Normal pair.		
Number of whelps	(7—7—6)	20		(5—3—8)	16	
Malformed	(2—3—3)	8		(1—0—0)	1	
Born dead	(2—2—2)	6		(0—0—0)	0	
Viable	(4—0—0)	4	20%	(4—3—8)	15	94%

In the second litter of the alcoholic pair the last puppy died the seventh day after birth; in the third, none survived the third day.

The significance of this result is enhanced by the fact that similar findings were made by Demme, who compared the children in ten families addicted to abuse of alcohol with ten temperate families. In human cases, it is difficult to determine whether non-viability and other abnormalities are due to inherent weakness of the offspring or neglect of the parents. Hence arises the chief value of confirmatory evidence in animals, where conditions can be more fully known and controlled.

An attack of distemper broke out in the kennel in the spring. All the alcoholic dogs exhibited the disease in a severe form. All the normal dogs were affected in a much less degree. This sharp line of demarcation between the alcoholic and normal animals as to severity of attack is the main fact of interest.

A NEW OPINION ON THE THYROID QUESTION.—(*Medical News, Jan. 1, 1898, Berlin letter.*) Prof. Hermann Munk's article on the thyroid gland has attracted much attention. As professor of physiology in Berlin and successor to the chair of Du Bois Reymond he would be deferentially listened to, but besides this he ranks as one of the greatest living workers in physiology. He

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states what are considered to be the cardinal points of the present physiology of the thyroid gland:

1. That animals cannot exist without it.

2. That where death is not immediate a cachexia develops resembling myxedema in the human species, or the so-called cachexia strumipriva after surgical removal of the gland.

3. That the implantation of the thyroid or its internal administration will obviate the symptoms caused by its removal.

He then categorically denies each one of these principles and also the doctrine as a whole.

In his experiment now, 50 per cent. of the apes and rabbits, and 25 per cent. of the dogs and cats are not affected at all by the removal of the thyroid. The completeness of the experiments seems to eliminate any chance of error. That the thyroid was thoroughly removed and that no organ developed to replace the supposedly necessary function of the gland was made positive from autopsies on a number of animals killed after months, and sections made to decide this point. As to the myxedematous cachexia, he has never observed it. He has frequently seen animals die some months after the operation from a progressive wasting, seemingly without cause, but changes could never be described as myxedematous. The lesions usually found (post-mortem) were those of a chronic gastro-intestinal affection. This was probably due to the well-known tendency of animals to die during captivity because of the unsuitable food and insufficient exercise. By no means all the animals died, as many of them grew fat after the operation. During the last year or two he has had 13 out of 17 apes live from one to nine months after the complete removal of the gland, but has observed the development of nothing like myxedema.

As to the question of implanted or ingested thyroids preventing the accidents remote or proximate which follow thyroidectomy, Munk has never observed any such effect. It does not prevent the immediate accidents. The cachexia which so often develops as a result of captivity is not influenced by thyroid medication. He quotes in this regard the work of a number of others who have reached similar conclusions.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

SURGICAL TREATMENT OF GRAVES' DISEASE.—(*N. Y. Polyclinic.*) Dr Kocher, of Berne, read at the International Congress at Moscow, a report on his results in the Surgical treatment of exophthalmic goitre. In all he had treated forty-three cases, which he divided into three classes: (1) strumæ vasculosæ; (2) atypical cases; (3) typical cases. In the six cases of vascular struma surgical interference by partial excisions and ligation of arteries had been uniformly successful. In sixteen atypical cases he had had thirteen complete cures and three improvements. In the typical cases he had operated in various ways. In three cases in which one-half the gland was removed, two were cured, one was improved. In three cases of ligature of the superior and inferior thyroid arteries on one side, two were cured, one was improved. In five cases in which two arteries on one side and one on the other were tied, four were cured, one was improved. In three cases in which all four arteries were tied, two cases

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were cured and one proved fatal. The author formulated the following conclusions: (1) Graves' disease is due to hyperplasia of the thyroid and excessive function with presence of too much of its secretion in the system. (2) In the early stage of the disease it is possible to relieve it by surgical treatment. (3) The surgical treatment must be different for different cases, but the best method in general seems to be the removal of one-half the gland and the ligature of one artery on the other side. The operation is not an easy one, so that it will perhaps be best as a rule to excise the smaller half. It is in the early stage that the disease is especially benefited by surgical treatment, and it is consequently in this stage that the disease must be claimed as a surgical affection and come at once into the surgeon's hands.

THE PASSING OF PLASTER.—(*Virg. Med. Semi-Monthly*, June 25). Dr. E. A. Tracey believes that plaster of Paris as a routine means of surgical fixation is doomed, and that its wane will be rapid, because of its inherent defects and of the advantages possessed by its rival—wood-fiber splinting.

The following objections to the plaster-of-Paris treatment are offered:

1. It is futile to expect the immobilization of limbs swathed in soft and compressible cotton by a rigid bandage outside the cotton. Supposing fixation to be efficient at first, it is soon destroyed by subsidence of swelling, and later, by tissue-atrophy that always takes place in an idle limb.

2. It is destructive of the functions of injured joints by preventing the timely application of passive motion to them.

3. Plaster dressing prevents the surgeon's ready inspection of the parts treated —a condition not tolerated in any ordinary wound, and which, for as grave reasons, should not be tolerated in fractures. On the other hand, facts are presented relative to the wood-fibre treatment of fractures, as follows:

1. Wood fiber is adaptable to the treatment of fractures of all limbs, it being mouldable directly upon the patient's limb.

2. It produces immobilization of the parts because moulded directly upon them and retained thereon, without the intervention of cotton batting which defeats our object, if it be fixation. This efficient immobilization is easily maintained by keeping the roller-bandage snugly applied over the resilient splint; thus subsidence of swelling, or tissue-atrophy, need not interfere with the fixation produced by wood-fiber.

3. It permits the surgeon to inspect at any time the fracture he is treating, by the simple unwinding of a roller-bandage. The reapplication of the splinting is easy—there being no pad or compresses to become disarranged.

4. This ready removal of the splinting permits the timely application of passive motion to an injured joint.

5. Wood-fiber splinting is lighter than any other; no complaint is heard from the patient because of its weight—even in cases where the hip and knee are both immobilized.

6. Wood-fiber is strong, rigid, and durable—splints made from it having been worn in some cases (hip-fixation) for eleven months. The material is clean, porous and does not irritate the skin. In many cases splints have been worn for weeks immediately in contact with the skin, without excoriation.

7. No padding is required in wood-fiber splints. This is important, for it is hard to comprehend how plaster of Paris or other material can produce immobilization of the bones in a limb swathed in cotton batting.

8. Wood-fiber material permits of rigid antisepis in the treatment of compound fractures, both of the wound, always accessible by removal of the bandages, and also of the splint-material, by moistening it with a strong solution of corrosive

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sublimate. Plaster of Paris, as ordinarily applied, is neither aseptic nor antiseptic.

9. The mastery of wood-fiber splinting readily comes to one possessing a modicum of mechanical ability.

The wood-fiber is made in large sheets, of two thicknesses, to serve all kinds of splinting. A splint-blank can be cut from a sheet of the material, moistening it with water and bandaging the moistened splint form over the part to be splinted.

NERVE SUTURE.—(*Arch. f. Klin. Chir.*, Vol. 54) C. Sick and A. Saenger relate a case of paralysis of the musculo-spiral nerve, which was successfully treated by suture of the peripheral end of the musculo-spiral to the median nerve. The patient was a boy, 5 years of age, in the Eppendorp Hospital of Hamburg, May, 1895. A severe wound following a fracture of the arm, healed up well, but a paralysis of the musclo-spiral nerve was left from the original injury. At the operation for nerve suture in July, 1893, it was found that the two ends of the musculo-spiral nerve were apart; the median nerve was therefore searched for, and a flap (base upwards) of half the thickness of the nerve was separated from the trunk, and sutured at its distal extremity to the peripheral stump of the musculo-spiral. The wound healed up at once, but the paralysis was not at first modified by the operation. The boy was lost sight of for a while, but reappeared at the commencent of 1895, and it was found that the paralysis had entirely disappeared.

GALL-STONES FORMED AROUND SILK SUTURES.— That gall-stones of considerable size can be formed in a comparatively short time is proven by Dr. John Hornans, of Boston (*Ann. Surg.* Vol. XXVI, No. 1, p. 114), who reports a case in which he operated for gall-stones, in April, 1895, and completely emptied the gall-bladder. He at first sutured the gall-bladder, but later cut the stitches and sutured the open bladder to the peritoneum. Some of the silk sutures must have fallen back into the bladder; for the symptoms returning, a second operation was preformed January 18, 1897, or twenty months after the first operation. Seven calculi were found, about the size and shape of lima beans, attached in dumb-bell fashion to the silk ligature.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

FUNCTIONS OF THE PERITONEUM.—Dr. J. G. Clark, resident gynecologist of the Johns Hopkins Hospital, calls attention, in an interesting paper reviewing 1700 cases of abdominal section, to the conclusion reached in Muscatello's paper, an abstract of which some time ago appeared in *Virchow's Archives*, on the structural functions of the peritoneum, which are decided as follows:

"1. The peritoneal lining of the abdominal cavity is almost exactly equivalent to the skin.

"2. The absorbing power of the peritoneum is so great that it is capable of taking up, every hour, from three to eight per cent. of the entire body weight.

"3. Under the influence of irritants or toxic substances, transudation of fluids into the peritoneal cavity may take place at the same rate.

"4. Fluids and solids may pass through the endothelial layer of the peritoneum,

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the fluids in many places, the solid particles only through the spaces in the diaphragm.

"5. The minute solid particles are carried into the mediastinal lymph vessels and glands, and thence iuto the blood circulation, by which they are distributed to the abdominal organs and lymph glands.

"6. Large quantities of fluids may be absorbed by the peritoneum in an astonishingly short time.

"7. The leucocytes are largely the bearers of foreign bodies from the peritoneal cavity into the mediastinal lymph glands."

JUSTIFIABLE HYSTERECTOMY.—Fish, in a recent article in the *American Journal of Obstetrics*, takes strong ground against the frequent removal of the uterus, maintaining that the uterus still has an important function, although the ovaries and tubes may have been removed, and that the chance for the appearance of disease in a healthy uterus is too small to be worth consideration. Some surgeons seem to have imbibed the idea that the uterus, like the appendix vermiformis, is an organ of no particular consequence when a woman has passed the menopause and has had her ovaries removed, and hence should be removed whenever opportunity affords. Fish disagrees with those surgeons who maintain that the uterus should always be removed in cases of radical operation for gonorrheal pyosalpinx. He finds it quite sufficient to curette and cauterize the endometrium. He draws the following practical conclusions, in which we believe most conservative surgeons will concur:

"1. That whenever it becomes necessary to excise the uterine adnexa, if the uterus is sound, leave it.

"2. Whenever we excise the tubes and ovaries, and the uterus, though in a pathological condition, in our judgment will yield to treatment, leave it.

"3. Whenever it is necessary to do an abdominal hystero-salpingo-oophorectomy, and the cervix is healthy, do a supra-vaginal amputation, as this leaves the vaginal vault intact.

"4. Whenever it is necessary to do a supra-vaginal amputation, suspend the cervix to the stumps of the broad ligaments, or anchor it to the abdominal wall, to prevent prolapsus vaginæ.

"5. Whenever it is necessary to do a general ablation, and the cervix uteri is unsound, take the entire organ, because of the danger of carcinoma.

"6. Whenever a subserous or interstitial myoma can be removed without too great damage to the uterus do a myomectomy, and leave the organ."

FORMALIN CATGUT.—The gut is first immersed in a solution of formalin of from two to four per cent., according to size, and allowed to remain in this solution from 12 to 48 hours. The formalin is then removed by washing in running water for 12 hours. It is then boiled in water for 15 minutes, after which it is transferred to a vessel containing alcohol, where it may be kept until required for use; carbolic acid in the proportion of from two to four per cent. is added to the alcohol and makes the gut firm, but it should be removed to plain alcohol some time before using. Keep the gut in a state of high tension until after it has been boiled. Hofmeister recommends that the gut be rolled tightly on glass.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASE OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

TREATMENT OF ADENOIDS DURING THE FIRST YEAR OF LIFE.—Cuvillier (*Rev. de Therapeut*, October 15, 1897) recommends that pharyngeal or

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post-nasal adenoids, during the first year of life, be treated medically before instituting their surgical removal. He find that salves and powders are less serviceable than the instillation into the nasal cavities of a few drops of mentholated (1 to 60) or resorcinated oil (1 to 25 or 1 to 50) while the head is held backward. Four or five drops should be introduced into the nostrils and this treatment repeated every three hours. Cotton, saturated with a borated solution of glycerin, may be used in each nostril as a tampon to loosen the mucus collections. These maneuvers should be made with prudence in order to avoid the possibility of laryngeal spasm. When, notwithstanding this treatment, coryza frequently occurs, the adenoid growth should be removed, the necessary procedure being no more serious at this age than at any other. No anesthetic is required. The operation should be quickly performed, with an adenoid forceps, bent almost at a right angle and very short, corresponding to the size of the nasopharyngeal cavity of an infant of this age. It is better to make only one or two bites with the forceps at a time, and, if necessary, the procedure may be repeated once or twice at a later date. Antisepsis of the nasal cavity may be secured by the instillation of mentholated or resorcinated oil, the latter being less painful than the former. The results after operation are excellent. Respiration is re-established through the nose, nutrition becomes regular, and the growth of the infant resumes its normal course.

UNUSUAL COUGHS OF CHILDREN.—(*Pediatrics—Editorial.*) There are many varieties of coughs which do not proceed from pulmonary complications. Dr. Emil Mayer has recently published a pamphlet dealing with this not generally recognized fact. Some of these coughs which Thompson designates as useless are common both to adult and child, while one or two are peculiar to the age of childhood. These coughs, which are reflex in origin, are often the cause of much thought to the physician, and are by no means easy to diagnose correctly. The hacking night coughs of children fall under this category. According to Dr. MacCoy, of Philadelphia, these coughs are mostly due to naso-pharyngeal obstruction, and the reason that they are only troublesome at night is because when the child is in an erect position during the day, gravity lends its force to facilitating the escape of the secretions from the nasal passages, but at night when the child is lying down this secretion cannot escape by these means, and the cough is brought on by mechanical irritation. Again, there is the paroxysmal hacking cough of children described by Dr. Francis Warner of London. This cough occurs in children who, although emaciated and unable to eat, have a normal temperature and the physical signs of healthy lungs. Dr. Warner attributes this condition not to peripheral irritation, intestinal worms, affection of tonsils or pharynx, but to unbalanced central nerve action, and as his conclusions were based on the examination of 22,000 children in schools, he is in a position qualified to speak with authority. Lastly, there is a hysterical cough which is common alike to adults and children.

THE CARE OF CHILDREN'S VOICES. (*Pediatrics—Editorial.*) Much harm is often done to children's voices when at school. How often has one heard when passing a school building the loud sing-song hum of the children's voices reciting the multiplication tables or reading or spelling together. It would appear that to speak at the highest pitch of their voices is considered absolutely necessary by the teachers. The reason is said to be that the teachers say that unless the children are permitted to speak at their loudest they cannot raise their enthusiasm. Putting on one side the injurious effects to their voices and nervous organization from this straining and excitement, the system is a mistaken one in

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every way. The mind works best when the body is in a state of quietude, and the surest way of attracting and holding the attention of an audience is not by screaming at the top of one's voice, but rather by lowering it and speaking in a low, distinct and clear tone. Distinct articulation will carry the notes of a voice further even when used in a low key, than the loudest shouting, and the fact has been clearly proved that a quiet, natural tone of voice is more effectual than a loud, unnatural one. More attention should be paid to this fact, as in many instances a child's voice is irremediably injured by the practice in vogue in the schools at the present time. A child's voice is more injured in the first two years of school life than at any later period, solely owing to incorrect training.

ACUTE OTITIS MEDIA IN INFANTS. Acute otitis media in infants is often confounded with cerebral disease, and hence escapes proper attention and treatment. In alluding to this form of disease, Sir William Dalby (*British Medical Journal*, July 24, 1897) points out that in the case of infants the constitutional symptoms and demeanor of the little patient as indicating pain of an acute and agonizing character, or pain prolonged over many days, are the sole evidences within our hands of ear disease. The heightened temperature alone is not sufficient guide as to the necessity of paracentesis, and sometimes inspection of the drum-membrane will not show this necessity. "In a large proportion of cases leeches and hot fomentations will cut short inflammations of the tympanic cavity, but it would be safe to adopt the rule that when they do not (for if they relieve, they do so at once), a vertical incision should be made in the posterior section of the membrane." The incision does no harm, Dalby says, even if no pus is found pent up in the drum-cavity. Again, "in the infantile forms of this inflammation (not connected with the exanthemata), the process is often slow, subacute, the case dragging on day after day without the membrane giving way."

[These delays are dangerous, as a week's delay in rupture of the drum may lead to damming back of the pus, through the posterior wall of the drum-cavity, into the cerebellum, with fatal termination, as in a child of six years, observed by your reporter.]

J. H. Marsh (*British Medical Journal*, July 24, 1897), in writing of this same important subject, thus tabulates the symptoms which should suggest the ear as the cause of the illnesses often attributed to other sources: 1. The child constantly endeavors to rub the affected ear. 2. It utters a sharp cry of pain on pressure being made below the meatus. 3. It refuses to rest its head on the affected side.

The same author states that "the clinical signs which would suggest that the lesion had a tuberculous origin are: 1. A slow non-sthenic onset. 2. Early glandular enlargement. 3. Early facial paralysis. 4. Resistance to the ordinary measures of treatment. 5. The presence of other tubercular disease. These cases require the establishment of a free opening into the middle ear through the mastoid."

[This last-named procedure *should not* precede removal of the carious and necrotic ossicula. The latter operation will generally check the suppuration and do away with all necessity for opening the mastoid. If the mastoid is opened in such cases, and the carious ossicula are left in place, as I have seen done, suppuration, with all its attendant risks of deeper lesions, will continue, to stop only after a removal of the carious ossicula.]

E. Ponfick (*Berlin, klin. Wochenschrift*, September 20, 1897) points out that in children under four years of age great confusion in diagnosis often arises in the presence of gastro-enteritis, symptoms of which may be mingled with those of an acute otitis media, or which may depend more upon the otitis media than upon

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the gastro-enteritis, though the otitis media may not be recognized promptly. Often, in fact, the latter disease is discovered accidentally either by observing a discharge from the ear and improvement in symptoms of the gastro-enteritis, or by touching the auricle or the region near it, when the latter is found to be tender and painful to the touch. Treatment of the ear will be followed by recovery in all respects, in most instances, if the aural treatment has not been deferred too long.

REMOVAL OF FOREIGN BODIES FROM THE EAR.—Hummel makes the following deductions respecting the relation sustained by the external auditory canal to foreign bodies in it, and gives some rules for the removal of such obstructions from the ear.

1. The relation of the normal ear-canal to inanimate foreign bodies is entirely without reaction—*i. e.*, the foreign body in the ear does not, *per se*, endanger the integrity of the ear.

2. Every hasty endeavor, therefore, is not only unnecessary, but can become very injurious.

3. In all cases not previously interfered with (with very few exceptions) the foreign substance can be removed from the ear by means of syringing.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

(Regular meeting, Dec. 17, 1897, the President, Dr. E. R. Smith, in the chair)

Dr. Jos. Kurtz read a paper on Surgical Tuberculosis (page 12.)

DISCUSSION.

Dr. F. T. Bicknell: The doctor is conversant with the literature of the subject, and has given us a good resumé. I'm not prepared to admit that the question is settled, that the bacilli are always the cause—think people here will live to see it more doubted. Some say all cases of pleurisy are due to bacilli, yet we draw off the fluid and many get well. Why will this germ get into the most remote joint? Isn't there a great deal in heredity or predisposition? The power of resistance must be lowered before it will develop.

Dr. E. A. Praeger: Whether it is settled or not that the bacilli are the cause, they are the essential feature. There is no tissue which may not become infected. The treatment recommended is in accord with the views generally accepted. Tuberculosis of the lymphatics, especially of the neck, are generally neglected, treated medically until secondary infection has taken place. Infection of the peritoneum is not uncommon; it is described in three forms, which are really only different stages. In the ascitic form, if the abdomen is opened, evacuated and left dry, the patient will recover. The pleurisy Dr. Bicknell mentioned, acts in the same way. If we were more ready to resect a rib and open the pleural cavity, we would have more recoveries. Tuberculosis is always with us, and should be dealt with promptly. Those cases allowing surgical interference offer the greatest hope. Do not expect much from surgery in pulmonary tuberculosis, although there has been some work done.

Dr. Jos. Kurtz: The time was too short to treat of the different tissues, so confined myself to joints, with which the pleura and peritoneum may be compared, as all have serous membranes. All authors lay stress on puncturing joint or abscess without allowing air to enter, yet when the peritoneum is involved we

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make a large opening to permit contact of air. Some one else will have to explain the inconsistency. I have frequently removed lymphatic glands; have also known them to disappear spontaneously when I had advised operation and been refused. The bacilli do not live forever; if power of resistance is greater in man, the bacilli must go; if greater in bacilli, man must go.

The following officers were elected for the ensuing year: President, Dr. E. A. Praeger; vice president, Dr. R. W. Miller; secretary, Dr. Rose T. Bullard; assistant secretary, Dr. F. D. Bullard; treasurer, Dr. A. L. Macleish. Trustees, Drs. F. T. Bicknell, G. W. Lasher, H. G. Brainerd, W. W. Hitchcock; E. A. Follansbee, E. R. Smith, W. L. Wills.

(Regular meeting, Jan. 7, 1898, the president in the chair.)

Dr. E. R. Smith delivered the Annual Address.

The new president, Dr. E. A. Praeger, then took the chair and appointed the following committees:

Board of Censors: Drs. J. H. Davisson, Geo. L. Cole and Anne W. Nixon.

Auditing Committee: Drs. W. W. Hitchcock, T. J. McCoy and E. A. Follansbee.

Rooms and Library: Drs. Rose T. Bullard, Wm. Dodge, J. H. Utley, L. M. Powers and T. J. McCoy.

ROSE TALBOTT BULLARD, Secretary.

POMONA VALLEY MEDICAL SOCIETY.

POMONA, CAL., Dec. 18th, 1897.

The Pomona Valley Medical Society met December 16th and elected the following officers for the ensuing year:

President, Dr. Idris B. Gregory, of Ontario; first vice-president, Dr. T. Hardy Smith, of Pomona; second vice-president, Dr. D. L. Beckingsale, of Chino; secretary and treasurer, Dr. V. A. Howeth, of Pomona.

The following memorial was read and adopted with request to publish same:

"Father died this morning; will start home with remains tomorrow," was the brief message, December 4th, 1897, announcing the death, in Los Angeles, of our esteemed companion and colleague, Dr. J. G. Hart, a charter member of the Pomona Valley Medical Society. It is right and proper that we pay some modest tribute to his memory. Those who knew the deceased best know what his personality in life stood for. He was a man of strong, vigorous mentality, never speculative, but logical, practical and methodical in matters of duty, thought and action. The most rugged and invincible honesty was one of the paramount qualities of his character. As a citizen he was a leading spirit in whatever concerned the public welfare. His heart was large and full of sympathy for his fellow man. He despised the shams of the world wherever found in church, state or society. When he came to this state, he retired from the active duties and responsibilities of professional life, but took much pleasure and interest in medical subjects and in associating with medical men.

A nobler, truer man to his profession and the delicate trusts and sacred obligations it involved, never lived. As a professional man he was the very soul of honor and of the most maidenly modesty. The glaring ostentation, assumption and trumpeting of the great army of medical adventurers, quacks and charlatans was to him the most abominable curse of the age. He declared that the foul culture-bed of medical corruption had become the curse of the world and deplored the moral and mental turpitude and hebetude, in this so-called enlightened age, that made such debauchery, in the name of one of the most honorable and noble of sciences, possible, and even under cover and sanction of church and

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state. Such, he said, was but fanning the flames of groveling ignorance and keeping alive the embers of the most ignoble superstition.

His religious conceptions and convictions were not limited to or bound by any formula of creed or dogma. His was essentially broad and liberal and was based upon his highest and dearest sense of God's law and love in His Fatherhood and care over the destinies of the great brotherhood of mankind.

To his memory be it

Resolved: That in the death of Dr. J. G. Hart this society and the medical profession has lost a most worthy, esteemed and honored member; one whose noble character and kindly virtues of heart, mind and soul should be an inspiration to us; one whose life was simple, honest and true, devoted to advancement and honor of the science of medicine and the welfare of all mankind.

V. A. HOWETH, Secretary.

WHO ARE INSANE?

The following explanatory letter has been issued by Dr. Hatch:

SACRAMENTO, CAL., Oct. 27th, 1897.

DEAR DOCTOR:

As you have qualified as a medical examiner of the insane under the new Lunacy law, it is deemed advisable by the State Commission in Lunacy to communicate with you regarding examinations under the present system.

The recently adopted law makes the commitment of a person, alleged to be insane, more of a medical than a legal proceeding, and it is, therefore, doubly important that examiners should exercise great care in the investigation of those charged with insanity. The form for examination issued by the commission is pretty complete, and if filled out in detail will give full information to hospital physicians. The physical examination should be as complete as possible and the results carefully noted on the blanks, for in times not long past, the neglect of such an examination has affected the lives of individuals who were committed and sent to asylums while suffering from acute diseases that rendered travel and transfer to an asylum a fatal move. The commission recognize the fact that the fee for the full examination desired is often inadequate, but the duty is a public one and in fulfilment of one of the greatest of all state charities.

Care should be taken in the use of medical terms in commitments, and in this connection there seems at times to be a misunderstanding of the term hallucination, illusion and delusion. Briefly, an *hallucination* is the perception of an object as a real presence without a real presence to justify the perception. An *illusion* is the perception of an object actually present but in characters which that object does not possess. A *delusion* is a belief in something impossible in the nature of things and circumstances of the case, out of which the subject cannot be reasoned by adequate methods for the time being.

As aiding to some extent in naming the form of mental diseases, it will be well to agree on some simple classification that will render the diagnosis more comprehensive and yet not touch on disputed points in classification. The most practical classification for our purposes may be based upon a division of mental states into:

1st. *States of mental depression*, under which we have melancholia (simple, acute, chronic, delusional, melancholy with stupor, recurrent, agitated).

2nd. *States of mental exaltation*, in which may be included mania (simple, acute, chronic, recurrent, delusional).

3rd. *States of mental weakness*, which may be subdivided into dementia (pri-

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mary, secondary, senile, organic), idiocy and imbecility. If to the above we add epileptic insanity, general paresis (paretic dementia) and paranoia, it will cover the requirements without touching disputed questions. The above terms, with the possible exception of paranoia, define themselves to physicians. Paranoia may be explained as a condition of which chronic and systematized delusion is the essential sign. The majority of cases committed will be embraced by this classification, but the many other recognizable forms may be added if examiners desire to give a more precise expression of their views.

Before concluding, the Commission expresses the hope that you give special attention to the examination of those persons suffering from the excessive use of liquor or drugs. As the law contemplates that only insane shall become committed to State Hospitals, it is requested that you hold cases of inebriety or morphinism sufficiently long to enable you to certify that the case is one of actual insanity before certifying to it. The law allows you 20 days for observation of any case and much less time than this will generally enable you to ascertain the true nature of the case, and justify you in refusing sanction to committal as insane.

A distinction is to be drawn between a prolonged departure from the normal modes of thinking and acting that they may be due to the action of alcohol on an unstable nervous system, or to the secondary and more lasting effects of liquor; and the temporary delirium, or excitement of acute alcoholism or drunkenness. In the first case, the individual needs and is entitled to commitment and treatment in a hospital for the insane; in the second treatment and rest for a few days to allow elimination of the alcoholic poison when recovery results and the patient can be dismissed with the verdict drunk, but without having to bear the burden of having been judicially declared insane.

Finally, the Commission earnestly believes that you will consider every case carefully, for commitment to a hospital for the insane, deprives one of liberty, home, family, and in a measure legal rights and the proceeding is so serious in its nature that the health, happiness and future of the individual is largely left to your professional judgment. The Judge is behind you at all times to ratify your action and to assist you in investigating the case. Call on him to assist you in any doubtful case that you may get at the true situation, which is not always made manifest by a strictly medical examination, as through him you can learn much that may be sought to be hidden that has an important bearing on the case before you.

Respectfully yours,
STATE COMMISSION IN LUNACY,
By F. W. HATCH, General Supt.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Nov. 2d, 1897, the following certificates were granted:

BENSON, CHARLES COLEMAN, 4737, Los Angeles, Med. Dept. Univ. Maryland, Mar. 15, 1883.
BORCHERS, BERTHA, 4738, San Francisco, Med. Dept. Univ. California, May 12, 1897.
CARNAHAN, JAS. L., 4739, Los Angeles, Med. Dept. Univ. Wooster, Ohio, Feb. 26, 1874.
CARY WARNER P., 4740, Pasadena, Med. Dept. North Western Univ., Illinois, Apr. 24, 1894.
CROSS, WILLIAM WALTER, 4741, Visalia, St. Louis Med. Coll., Mo., April 29. 1897.
DONALDSON, MARY E., 4742, Los Angeles, Coll. Med. Univ. Southern Cal., June 3, 1897.
HENRY, JOSEPH W., 4743, San Francisco, Coll. Med. Univ. Southern Cal., June 3, 1897.
JOHNSON, SMITH STEINBERGER, 4744, Starbuck, Wash., Med. Dept. Univ. Ore., Apr. 5, 1897.
KERGAN, JOHN A., 4745, San Francisco, Med. Coll. of Med. & Surg., Detroit, Mich., Mar. 15, 1892.

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MASTON, G W., 4746, San Francisco, Cincinnati Coll. Med. & Surg., Ohio, Feb. 26, 1877.
MCCORMAC, JAMES THOMAS, 4747, Marshfield, Ore., Med. Dept. Willamette Univ., Ore., Apr. 24, 1883.
MORTON, ROBERT EDWARD LEE, 4748, Dinuba, Marion-Sims Med. Coll., Mo., Apr. 10, 1897.
OLDENBOURG, LOUISE A., 4749, San Francisco, Med. Dept. Univ. California, May 13, 1896.
PARRISH, HENRY, 4750, Los Angeles, Med. Dept. State Univ. Iowa, Mar. 3, 1880.
REID, EUGENE H., 4751, Tulare, Kentucky School of Med., Ky., June 30, 1897.
REYNOLDS, JAS. E., 4752, Los Angeles, Rush Med. Coll., Ill., Mar. 31, 1891.
SLAGLE, JACOB, 4753, Anaheim, Miami Med. Coll., Ohio, Feb. 27, 1877.
ZABALA, JOHN LOUIS, 4754, San Francisco, Coll. Phys. & Surg., New York, June 9, 1897.

REFUSED.

R. A. CLAY, Walnut Creek, not a graduate.
MARY THOUGLEY, Los Angeles, American Health Univ., Chicago, Ill., not a recognized school.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held December 7th, 1897, the following certificates were granted:

BERGES, E. R., 4755, San Francisco, Coll. Phys. & Surg., San Francisco, Cal., July 15, 1897.
CASE, CALVIN LUTHER, 4756, Pasadena, Starling Med. Coll., Ohio, Mar. 26, 1896.
CORLEW, JOHN L., 4757, Clovis, Coll. Phys. & Surg., Keokuk, Ia., Feb. 27, 1883.
CRAM, CHARLES DUNCAN, 4758, Salton, Med. Coll. of Ohio, April 6, 1893.
DAY, ROBERT V., 4759, Los Angeles, Coll. Med. Univ. Southern Cal., June 3, 1897.
HURLBUT, E. T. M., 4760, Sebastopol, Med. Dept. Univ. Buffalo, N. Y., Feb. 26, 1867.
KIMM, JAMES HENRY, 4761, Bandon, Ore., Med. Dept. Univ. Oregon, Mar. 31, 1890.
KITANO, TOYGIRO, 4762, San Francisco, Saisei Med. Coll., Japan, Sept. 28, 1894.
LEVIN, ZEMACH, 4763, San Francisco, Univ. Wurzburg, Germany, Feb. 26, 1895.
LOUGHEED, GEO. D., 4764, Monrovia, Univ. Victoria Coll., Ontario, Canada, May 6, 1868.
MCCARTHY, D'ALTON S., 4765, Los Angeles, Trinity Univ., Toronto, Canada, Oct. 21, 1893.
MUNSELL, E. Y., 4766, Garvanza, Starling Med. Coll., Ohio, Mar. 1, 1869.
MUNSELL, LEVI S., 4767, Hardisty, Okl., Starling Med. Coll., Ohio, Mar. 1, 1870.
OSTERMAN, ADOLPH J., 4768, Alpena, Mich., Gross Med. Coll., Color, Apr. 9, 1896.
PEASE, JOSEPH, 4769, Fowler, Med. Dept. Univ. City of N. Y., Mar. 15, 1876.
PRESBY, WM. H., 4770, Long Beach, Dartmouth Med. Coll., N. H., Nov. 23, 1886.
RENDON, VICTOR, 4771, Los Angeles, Board of Public Instruction, City of Mexico, Nov. 13, 1896.
RINEHART, BELLE COOPER, 4772, The Dalles, Ore., Med. Dept. Univ. Oregon, April 5, 1897.
ROSENTHAL, GEO. W., 4773, Omaha, Neb., Baltimore Univ. School of Med., Md., Apr. 14, 1897.
SCHAFF, C. W., 4774, San Francisco, Med. Dept. State Univ., Iowa, Mar. 2, 1881.
SCOTT, GAVIN STEEL, 4775, Santa Monica, Univ. Glasgow, Scotland, July 31, 1884.
TRIMMER, E. L., 4776, Marcellus, N. Y., Jefferson Med. Coll., Pa., May 14, 1897.
TRIPP, GEORGE ALSTON, 4777, Vacaville, Med. Dept. Bowdoin Coll., Me., June 25, 1896.
TYE, R. L., 4778, San Francisco, Bellevue Hosp. Med. Coll., N. Y., Mar. 9, 1885.
WARREN, AUGUSTUS H., 4779, Los Angeles, (Lien Certificate) Med. Dept. Univ. City of N. Y., Mar. 6, 1886.
WASSON, H. , 4780, Oakland, McGill Univ., Montreal, Canada, Apr. 2, 1892.

CHAS. C. WADSWORTH, M.D., Secretary, 1104 Van Ness Ave.

Dr. C. D. Arnold, ex-president of the Territorial Medical Associatiation, El Reno, Okla., requests an answer to the following questions from every registered physician and licensed midwife in the United States. Answers can be sent on postal card, numbering the questions. Where a definite answer cannot be given, an *approximate* one is desirable. The doctor will give through the medical press, during 1898, a summary of the results of the investigation. It is very desirable that a large number should report.

1. Give total number of abortions from all causes that occurred in your practice in 1897?
2. In how many of these abortions were the elements of criminality, to your mind, apparent?
3. In how many of these abortions, except those classed in question 2, were the elements of criminality, to your mind, probable?
4. How many of the abortions named in questions 2 and 3 were followed by puerperal septicemia or other diseases?
5. How many deaths resulted from the abortions named in questions 2 and 3.
6. How many still-born in your practice?
7. How many infanticides?
8. How many viable children born in your practice?
9. How many cases of puerperal mania resulted from the abortions classed in questions 2 and 3?

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243-246 Bradbury Block, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

RETROSPECT, PROSPECT.

When this shall reach our readers, the old year will have been so long relegated to the past as to be emphatically a back number, while the new year will be so far advanced as to be measurably divested of its sentimental freshness, and to seem an everyday matter of course. However, as an act courteous, and because it is our pleasure, we extend a cordial greeting, and wish for each and all a prosperous, happy and useful 1898. There is naught to any of us in one year more than another except as its resultant experience may add to the quality of our being or doing. Whatever there may have been in the last year of failure or regret should but serve as a stimulus to better things in the days to come; and whatever of triumph or gratulation, should no less furnish an impetus to greater achievements and increased efficiency. A single mistake, while fraught with miserable discomfort, may yet contribute more liberally to the development of skill, than an endless sucession of routine accuracies.

The best work is not always nor often in imitation of those of larger opportunity, but rather in that personal engagement with grave problems whose solution evolves a rugged individuality, rather than a polished mimicry.

We should not dwell upon the past, nevertheless, we should not so far lose sight of it as to forget the defeats out of which more than one

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pronounced victory has been constructed. If the year that has but just slipped away from us has been marred by unsatisfactory experience, whether financial, professional, intellectual or moral, let us make profitable use of it and secure its contribution to that highest success which should be every true man's goal.

If it have been free from mistaken diagnoses, and untoward results, if pecuniary returns have been abundant and losses few, if our associates have accorded us that recognition so acceptable to our pride, if our intellectual achievements have been commensurate with our opportunities, and our morals above reproach, let us bear in mind that we have not yet reached Elysium. Let us be hopeful for a continuance, but endeavor to secure it by an increased vigilance.

HIGHER EDUCATION.

One physician to a thousand population would be a fair proportion to allow a proper remuneration for professional services rendered. At the present time in this city the number attempting to practice medicine is more than four times as large as such a ratio would demand. The inevitable result is that fully half of the practitioners make a precarious living. The same is true of the legal profession; that calling is even more crowded than the medical fraternity. Ministers are still worse off, the lawyer or the physician can find something to do, and he has the hope ever present that if he can hang on long enough he may attain a competency sometime, but the churchless clergyman is truly an object of pity. He is absolutely helpless. Teachers are far in excess of the demand, hence the better qualified he is in the higher branches, the greater the chance for him to succeed. The so-called genteel professions are too largely filled by people who ought to be direct producers. The only way to keep such persons out of these callings is to make it hard for them to get in. In other words, in self protection, raise the standard of admission. The result would be smarter lawyers, better ministers, more skillful physicians, and fewer of them. The four-year medical course has come to stay, the next step is in sight—the requirement of an A.B. degree or its equivalent from those who wish to matriculate as students. The fact that many of our very best surgeons never went to a literary college is not an argument against the desirability of college education. We have many friends in every way competent as physicians and surgeons who have not an A.B. degree. The qualifications for a good surgeon exist in non-graduates, as well as among graduates. Sand, Sense and Science are the essentials of a successful surgeon. The physician needs a broader education in that he deals with more subtle forces. He owes it to

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himself and to the public to make the most of himself. It now appears that self-preservation will compel the physicians to require medical colleges to graduate fewer men. This can be acomplished by making it harder and harder to get a diploma. Social economy may bring about the desired result, where all other arguments fail.

EDITORIAL NOTES.

DR. D. W. HASSON has removed to Buena Park.

DR. D. GOCHENAUER was re-elected county physician of San Diego county.

DR. W. H. ROBERTS has removed to Pasadena and associated himself with Dr. Geo. S. Hull.

THE officers of the Doctors' Social Club for the ensuing year are; President, Dr. W. LeMoyne Wills; secretary, Dr. H. Bert Ellis.

DR. J. A. CHAMPION, who was at Anaheim for a short time, and went back to Ohio, has returned to sunny California and is located at Colton.

DR. P. C. REMONDINO resigned the position of local surgeon of the Southern California Railway at San Diego and Dr. J. C. Hearne was appointed in his place.

WE are in receipt of the unique Antikamnia calendar for 1898. If any of our subscribers were missed in the regular distribution, by sending their cards to the company they can obtain these new calendar sketches.

A NEW medical weekly, called the *Philadelphia Medical Journal* owned and published by a company composed of eniment physicians and surgeons made its first appearance with the new year. It is edited by an able editorial staff whose chief is Geo. M. Gould. It has a high ideal and the initial number promises to live up to it. It will be conducted exclusively in the interests of the medical profession, and it is to be hoped that it will receive the hearty support of the profession.

THE following county physicians have been appointed in Santa Barbara county: At Santa Barbara, Dr, W. B. Cunnane; Lompoc, Dr. Z. W. Saunders; Santa Maria, Dr. O. P. Paulding; Los Alamos, Dr. J. Will Graham; Santa Ynez, Dr. T. E. Cunnane; Carpinteria, Dr. Wm. Marquis.

PARKE DAVIS & CO. have issued a handsome little brochure of the "Lofoten Islands and their principal product," in which the illustrations are beautiful and of general interest.

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THE Pasadena Medical Society elected the following officers at its last meeting: President, Dr. Fordyce Grinnell; vice-president, Dr. Chas. L. King; secretary and treasurer, Dr. J. E. Janes. Board of Censors, Drs. D. B. Van Slyck, C. A. Briggs and S. P. Swearingen. The subject for discussion was: Why do we have rheumatism in Southern California?

SURGEON HASSE, of the Soldiers' Home, says: "Eventually soldiers' homes will have to be regarded as vast hospitals." Therefore additional surgeons are required from time to time. Dr. Raymond S. Rickey has been appointed second assistant surgeon and Dr. Thomas V. Parker third assistant, making with Surgeons Hasse and Burton, four at this branch.

THE board of directors and board of managers of the College Training School for Nurses held their joint annual meeting Jan. 13th. Mrs. Walter Lindley, secretary, reported that since the organization, July 15, 1896, they had had 51 pupil nurses enrolled. The first graduating exercises were held June 8, 1897, and twelve young women were graduated.

The annual election of directors resulted as follows: Dr George L. Cole, president; Dr. W. Le Moyne Wills, vice-president; Dr. W. D. Babcock, secretary; Drs. Joseph Kurtz, M. L. Moore and D. C. Barber.

Miss Wills was elected president of the board of managers; Mrs. Charles Murray, first vice-president; Mrs Walter Lindley, second vice-president; Mrs. R. L. Craig, recording secretary; Mrs. E. N. Neustadt, corresponding secretary, and Mrs. E. P. Johnson, treasurer.

WE take great pleasure in calling our subscribers attention to the announcement of Messrs. Clinton E. Worden & Co. in present issue. This firm of manufacturing pharmacists has been gradually progressing and expanding and we have watched the development with keen interest.

From a small beginning in San Francisco, not so many years ago, they now reach out over the entire Coast, including Mexico, Central and South America, Australia and Japan, with branch depots and laboratories in Los Angeles and in the City of Mexico. The latter, though established but six months, has been a most successful venture.

In point of quality Worden & Co.'s products are equal to the best and it is very satisfactory to know, that their preparations are fresh from the laboratory, as they employ no middle men, nor do they leave goods on commission to deteriorate by long keeping in stores or warehouses.

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BOOK REVIEWS.

THE CENTURY DICTIONARY AND CYCLOPEDIA. A Work of Universal Reference, Complete in Every Department of Art, Science, Literature and Trade. Published by The Century Company. New York.

Of all the encyclopedic dictionaries used in America, the Century ranks easily first. It has many grounds of excellence. First of all it is original, and not a compilation of previous dictionaries with errors and hackneyed quotations. Besides being new it is up to date. Of course, it is full and comprehensive, giving a condensed language history of every word, as to spelling, origin, pronunciation and meaning. Again, on account of the numerous cross references and frequent headings it is remarkably accessible. Whenever one wishes to find out anything, he can find it under its own title. In technical terms the work is especially full, as indeed might be expected from the fact that it is the result of special research by acknowledged experts in their respective lines. It is for this reason that the physician will greatly prize this work for its accuracy and thoroughness is such that he can turn to any subject or word with the full confidence that the answer will be both complete and accurate. What is true of this branch is also true of all others; the mechanic, the lawyer, the farmer or the clergyman can attain a like satisfaction. It is the province of the physician to be more than a mere pill dispenser or a saw bones—he should have a use for, and should use this dictionary not only in medicine and its allied branches of botany, chemistry, physics, psychology and zoology, but also in those departments of science and education belonging to other fields and to general culture. In short, this dictionary is a complete working library, expert in quality and universal in quantity, covering things, places, persons and events,

With the dictionary proper there goes the encyclopedic dictionary of names, giving pronunciation and condensed history of both real and imaginary personages, places and events.

It is safe to say that this is the highest effort in philology ever attempted in America, the editor in chief, Wm. Dwight Whitney, of Yale, being an acknowledged expert wherever the English language is spoken. The faculties of the leading American universities, the various departments of the government at Washington, the Army and Navy, as well as societies of learning both in America and Europe, furnish the many workers.

Under the subject fever, there is a full page devoted to naming and briefly defining the various varieties. Not only are important subjects thus fully handled, but medical terms cover 20,000 titles in the body of the work, and in a broader sense, through the allied sciences, this list could be greatly extended. This work is a combination of dictionary, encyclopedia, gazetteer, biographical dictionary, handbook of fiction, glossary of professional and art terms, besides a cyclopedia of miscellaneous information. It is not the bulk—though the volumes contain over 8,000 pages—but the accuracy of the information and delicate discrimination in shades of meaning that gives the chief value to the Century Dictionary. The vastness of the undertaking means industry alone, the authoritative accurateness is born of co-operative labor of wisely educated men.

The Times-Mirror company of this city have a few sets of this work which they can sell on reasonable terms.

HANDBOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS INCLUDING THE PHYSIOLOGICAL ACTION OF DRUGS, THE SPECIAL THERAPEUTICS OF DISEASE. OFFICIAL AND PRACTICAL PHARMACY, AND MINUTE DIRECTIONS FOR PRESCRIPTION WRITING. By Sam'l O. L. Potter, A.M., M.D.,

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M. R. C. P., Lond., Professor of the Principles and Practice of Medicine and Clinical Medicine in the College of Physicians and Surgeons of San Francisco, etc. Sixth edition. Fully revised and enlarged. $4.50. Philadelphia. P. Blakiston, Son & Co., 1012 Walnut St. 1897.

We have upon our shelves fully a dozen different materia medicas, but our appreciation of Potter can be expressed by saying that we consult that work as often as all the rest combined. We do this primarily because it is the handiest, and then again we have found the information both extensive and reliable. It is neither too pessimistic nor optimistic; it is convenient, concise, yet it is a compilation of some fifty standard works. It is a remarkably easy book for reference, and although this edition contains nearly a hundred new pages, it is still small enough (900 pages) for easy carriage.

It discusses the accepted though unofficial drugs, thus dealing with the actual pharmacopeia of the practitioner, and not confining its investigation, as the ultra conservatives do, to the orthodox medications. Of formalin (p. 287) it says: "It is rapidly becoming the favorite surgical antiseptic."

The new ideas in medicine have called forth additional articles on animal extract, antitoxin and toxins. The more promising of these remedies receive short, pithy articles.

The general plan of the work remains the same. For the benefit of those unfamiliar with the work, we give the following resume of its contents:

Introduction. Materia Medica, Pharmacy, Therapeutics, Definitions, Constituents of Vegetable Drugs, Administration of Medicines, Dosage of Medicines, Classification of Medicines.

Part I. Materia Medica and Therapeutics. Abrus to Zingiber. (Alphabetically arranged.)

Part II. Pharmacy and Prescription Writing, including Pharmacopeias and Dispensatories, Weights and Measures; Prescriptions, Incompatibility, Extemporaneous Pharmacy, Official Pharmacy, Preparations.

Part III. Special Therapeutics (alphabetically arranged.)

Appendix. Latin Terms, Phrases, Endings, etc, Formula, Patent Medicines, Diagnosis Tables, Temperature Charts, Urinalysis, Poisoning, and Miscellaneous Tables.

This book does not give room to theories, the details as to botanical descriptions, modes of preparations, etc., but after enumerating the preparations with dosage, it devotes its attention to physiological action and therapeutics. The department of Special Therapeutics is a concise application of medicinal agents to disease—it is an extended *analytical index*. "Every indication for the use of a drug, or statement regarding its value, is followed by the name or initial (in parenthesis) of its author," and thus it can, by reference to the bibliography be used as an *index* to the authorities. Practically we have found this part of the work the most valuable section.

A TEXT BOOK OF THE PRACTICE OF MEDICINE. By Jas. M. Anders, M.D., PH.D., I.L.D., Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia, etc. Illustrated. Philadelphia. W. B. Saunders, 925 Walnut street. 1897.

A text book on practice must necessarily cover about the same ground, no matter who the author. There is so much to say that even to come within the space of 1200 pages, one volume will differ from another in what it omits. Anders is discriminating just here; he has often intentionally omitted the historic development of the subject in hand, and in its place given room to valuable and helpful diagnostic tables. This tabulation will be found to be of great assistance

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to both student and practitioner. In pathology especial attention is given to the association of clinical symptoms with morbid lesions.

It classes acute and subacute articular rheumatism among the infectious diseases. Though admitting the exact nature of the cause to be unknown he favors Maragliano's opinion that it is due to a specific micrococcus. Be that as it may, he says there is of late "a surprising unanimity among clinicians in commending the use of salicylates in this disease." The local application of salicylic acid is well spoken of (p. 210–212). He even places chronic rheumatism under infectious diseases of unknown etiology. Thus, one by one, the so-called constitutional maladies are reclassified; diabetes, gout, rickets and scurvy being the only common diseases, along with half a dozen not so frequently seen, that Anders classifies as constitutional. The dosages are first given in English measures, and in parenthesis by the decimal system. This is wise, for however scientific and to be preferred is the French system, as the practitioners in America still almost universally cling to the old method, it is necessary to give the ordinary nomenclature the preference.

Tuberculosis is discussed at length, but nothing new is advocated in treatment. Of course, there is a good resumé of the modern treatment, which is better than the earlier methods in that it is more hygienic and employs fewer drugs. Creosote outranks all other medication here.

The discussion of the nephritides is particularly happy. After considering at length the pathologic conditions accompanying these troubles—albuminuria, morphologic constituents, edema, and uremia, he speaks of the old familia, acute nephritis, chronic parenchymatous nephritis, and chronic interstitial nephritis. The consideration of Bright's disease under the main heads, is more in accordance with clinical experience and bedside practice, than is the divisions of the various stages of kidney inflammations into a large number of postmortem distinctions. Taking it all in all the reviewer finds Anders a good, practical, modern, working book on medicine.

PATHOLOGICAL TECHNIQUE. A PRACTICAL MANUAL FOR THE PATHOLOGICAL LABORATORY, by Frank Burr Mallory, A.M., M.D., Assistant Professor of Pathology, Harvard, and James Homer Wright, A.M., M.D., Director of the Laboratory of the Massachusetts General Hospital, with 105 illustrations. Philadelphia. W. B. Saunders, 925 Walnut street. 1897. $4.00.

This book is intended for practical use. Part I is devoted to post-mortem examinations, both external and internal. Part II treats of bacteriological examinations, bacteriological apparatus, culture media, bacteriological examinations at autopsies, the method of studying bacteria in cultures, bacteriological diagnosis, and clinical bacteriology. Part III, nearly half of the book, is devoted to histological methods. This book is the product of actual experience in teaching. Part III describes instruments, their use and care, the examination of fresh material, injections, fixing reagents, decalcification, imbedding processes, staining solutions, impregnation with metallic stains, staining methods, stains for special tissues, etc., examination of parasites of the blood, etc., etc. Pathological products and clinical pathology are the subjects of the closing chapters.

This book is wide, as it covers the ground of bacteriology, pathology and histology. The grouping of three allied branches under one head not only saves useless repetition, but enables the one investigation to explain the other conditions. This method of presenting the subject will enable the student to realize the interdependence of all branches, and the real unity of each case. It will also impress on him the necessity of making thorough and complete examinations, and convince him of the fact that the mere inspection of gross lesions is not the only duty that the pathologist has at an autopsy. As this does the essential work of three volumes, it is very cheap at so small a price. It is neatly printed and illustrated, and well worthy of being used by student or physician.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of December, 1897.*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	63	48	56	T
2	66	44	55	0
3	65	36	50	0
4	70	42	56	0
5	74	46	60	0
6	66	36	51	0
7	71	40	56	0
8	64	44	54	0
9	65	42	54	T
10	73	43	58	0
11	69	44	56	0
12	84	46	65	0
13	79	56	68	0
14	60	43	52	.03
15	59	42	50	0
16	60	37	48	0
17	58	37	48	0
18	54	38	46	.02
19	56	32	44	0
20	58	36	47	0
21	58	30	44	0
22	61	34	48	0
23	64	34	49	0
24	64	35	50	0
25	69	35	52	0
26	79	44	62	0
27	83	53	68	0
28	87	55	71	0
29	89	57	73	0
30	86	57	72	0
31	86	48	67	0
Mean	69	42	56	0

SUMMARY

MONTHLY RANGE OF BAROMETER:

Mean Atmospheric Pressure, 30.13.
Highest pressure, 30.36, date 25.
Lowest pressure, 29.73 date 14.
Mean Temperature, 56°.
Highest temperature 89°, date 29.
Lowest temperature 30°, date 21.
Greatest daily range of temperature 38°, date 12, 31.
Least daily range of temperature 15°, date 1.

MEAN TEMPERATURE FOR THIS MONTH IN

1877	1884 ....53°	1891 .....53°
1878 .....55°	1885 .....58°	1892 .....54°
1879.... ..... 53°	1886..... ... 56°	1893.....58°
1880 .....56°	1887..... ... 53°	1894.....54°
1881..... .....55°	1888..... ...57°	1895.....56°
1882. ... .57°	1889 .....55°	1896.....59°
1883.....56°	1890 .....61°	1897 ..... .56°

Mean temperature for this month for 20 years, 56°
Average excess of daily mean temp. during month, less than 1°
Accumulated excess of daily mean temp. since Jan. 1, 41°
Average daily excess since January 1, less than 10.
Prevailing direction of wind, W.
Total movement of wind, 2915 miles.
Maximum velocity of wind, direction, and date, 24m, NW., 2.
Total Precipitation, .05 inches.
Number of days on which .01 inch or more of precipitation fell, 2.
Mean Dew Point, 34°
Mean Relative Humidity, 53 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1880 .....8.40	1886.... ..... .18	1892.....4.18
1881..... .52	1887..... .2.57	1893..... .....3.65
1882..... .08	1888..... 6.26	1894.....4.62
1883.....2.56	1889.....15.80	1895.. ..... .78
1884 ....4.46	1890... .....2.32	1896.....2.12
1885.....1.63	1891..... ....1.99	1897 ..... .05

Average precip'n for this month for 20 years, 3 98.
Total deficiency in precipitation during month, 3.93 inches.
Accumulated excess in precipt'n since Jan. 1, 3.02 inches.
Number of clear days, 20.
" partly cloudy days, 9., cloudy days, 2.
Dates of Frost, Light, 15-18-21-23-24-25-26; Heavy, 3-4-6-7-15-16 17-18-19-20-22; Killing, 0.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., DEC., 1897.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cl'd'y	WIND Direc-tion	Total Mov't
Los Angeles.....	56.	89.	30.	30.13	53.	2	.05	20	9	2	W	2,915
San Diego	.....	....	.....	.....	.....	....	.....	....	....	....	.....	.....
Santa Barbara	54.4	84.	32	.....	50.	....	.....	27	3	1	NW	2,600
Yuma.....	52.8	75	28.	.....	.....	1	.04	26	5	0	.....	.....
Arlington Heights	60 8	86.	31.	.....	.....	....	.22	26	4	1	W	.....
N. Ontario	51.7	86.	27.	.....	....	....	.43	27	4	....	.....	.....
San Bernardino	50.2	83.	25.	.....	.....	....	.57	18	10	3	W	.....
Pasadena.....	53.2	79.	32.	.....	.....	....	.62	19	8	4	W	.....
Redlands.....	49.7	77.	27.	.....	...	....	.51	25	4	2	W	.....
Santa Ana	60 8	87.	31.	....	.....	....	.....	29	2	...	W	.....

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane, Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 *December, 1897.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
Deaths from all causes	153	17.52	80	73	26	13	60	54	147	3	3
Deaths under 5 years	21	....	....	....	....	....	....	....	....	....	.....
i. Specific infectious diseases	19	2.21	11	8	5	5	6	3	18	1	.....
ii. Diseases of the digestive system	18	2.09	9	9	5	2	8	3	18	....	.....
iii. Diseases of the respiratory system	41	4.77	19	22	4	2	19	16	38	....	3
iv. Diseases of the nervous system	13	1 51	8	5	2	1	3	7	13	....	.....
v. Diseases of the circulatory system, blood and ductless glands	19	2.21	11	8	1	....	9	9	17	2	.....
vi. Diseases of the genito-urinary organs	15	1.77	10	5	2	3	4	6	15	....	.....
vii. Constitutional diseases	8	.93	3	5	2	....	3	3	8	....	.....
viii. Intoxication, violence, accidents	7	.83	5	2	2	....	3	2	7	....	.....
ix. Miscellaneous diseases	13	1 51	4	9	3	....	5	5	13	..	.....
i. Septicæmia	2	....	1	1	....	1	1	....	2	....	.....
Pyæmia	....	....	....	....	....	....	....	....	....	....	.....
Diphtheria	7	.....	4	3	2	3	2	....	6	1	.....
Erysipelas	....	....	....	....	....	....	....	....	....	....	.....
Typhoid fever	4	....	1	3	1	....	1	2	4	....	.....
Malarial Fever	....	.....	....	....	....	....	....	....	....	....	.....
Scarlet fever	....	.....	....	....	....	....	....	....	....	....	.....
Measles	....	....	....	....	....	....	....	....	....	....	.....
Pertussis	....	..	....	....	....	....	....	....	....	....	.....
Cerebro-Spinal Meningitis	....	.....	....	....	....	....	....	....	....	....	.....
Small Pox	....	....	....	....	....	....	....	....	....	....	.....
Tuberculosis	2	.....	1	1	1	....	1	.	2	....	.....
Influenza	2	.....	2	....	1	....	1	.	2	....	.....
Dysentery	1	....	1	....	....	1	....	....	1	....	.....
Syphilis	1	.....	1	....	....	..	....	1	1	....	.....
Tetanus	....	.....	....	....	....	.	....	....	....	....	....
Carbuncle	....	.....	....	....	....	....	....	....	....	....	.....
Anthrax	....	.....	....	....	....	.	....	....	....	....	.....
ii. Diseases of the Œsophagus	....	.....	....	....	....	....	....	....	....	....	.....
Gastritis	3	.....	2	1	....	1	....	2	3	....	.....
Gastro-Enteritis	1	.....	..	1	1	....	....	..	1	....	.....
Cholera infantum	2	.....	1	1	2	....	....	....	2	....	.....
Peritonitis	2	.....	1	1	....	....	2	....	2	....	.....
Entero-Colitis	3	.....	....	3	2	1	....	....	3	....	.....
Appendicitis	2	....	2	....	....	....	2	....	2	....	.....
Typhilitis	....	....	....	....	....	....	....	....	....	....	.....
Intestinal obstruction	3	.....	2	1	.	....	2	1	3	....	.....
Diseases of the liver	2	....	1	1	....	..	2	....	2	....	.....
iii. Membranous Croup	....	....	....	....	....	..	....	....	....	....	.....
Bronchitis	4	.....	1	3	....	1	1	2	4	....	.....
Pneumonitis	7	.....	3	4	2	....	3	2	7	....	.....
Pleuritis	....	....	....	....	....	....	....	....	....	....	.....
Phthisis	30	.....	15	15	2	1	15	12	27	....	3
iv. Diseases of the brain	13	.....	8	5	2	1	3	7	13	....	.....
Diseases of the spinal cord	....	....	....	....	....	....	....	....	....	....	.....
Neuritis	....	....	....	....	....	....	....	....	....	....	.....
Eclampsia	....	....	....	....	....	....	....	....	....	....	.....
v Diseases of the Heart	17	.....	10	7	1	....	7	9	15	2	.....
Degeneration of the Arteries	1	.....	1	....	....	....	1	....	1	....	.....
Aneurism	1	..	....	1	....	....	1	....	1	....	.....
Anæmia	....	....	....	....	....	....	....	....	....	....	.....
Diseases of the Ductless Glands	....	....	....	....	....	....	....	....	....	....	.....
vi. Uræmia	2	..	1	1	..	1	....	1	2	..	.....
Acute Bright's Disease	....	....	....	....	....	....	....	....	....	....	.....
Chronic Bright's disease	5	.....	3	2	1	2	1	1	5	....	.....
Nephritis	6	.....	4	2	1	.	2	3	6	....	.....
Diseases of the Genito-Urinary Organs	2	.....	2	....	....	....	1	1	2	....	.....
vii. Rheumatism	....	....	....	....	....	....	....	....	....	....	.....
Gout	....	....	....	....	....	....	....	....	....	....	.....
Diabetes	1	....	....	1	.	....	....	1	1	....	.....
Inanition	2	....	1	1	2	.	....	....	2	....	.....
Senility and Asthenia	5	.....	2	3	....	....	3	2	5	....	.....
viii. Alcoholism	1	....	1	....	....	....	....	1	1	....	...
Opium habit	....	....	....	....	....	....	....	....	....	....	.....
Suicides	4	....	3	1	1	....	2	1	4	.	.....
Violence and accidents	2	.....	1	1	1	....	1	....	2	....	....
ix. Tumors—malignant	5	.....	....	5	....	....	2	3	5	..	
Tumors—non-malignant	2	....	1	1	....	....	1	1	2	....	.....
Other diseases	6	....	3	3	1	....	2	1	6	....	.....

L. M. POWERS, M.D., Health Officer.

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OUR ADVERTISERS.

OPHTHALMIA NEONATORUM.

The law of many states require the obstetrician to use prophylactic measures to save the sight of newly-born infants. A safe, harmless and positive procedure is the thorough cleansing of the conjunctiva with a 25 per cent. solution of "Palpebrine," and the application of a few drops, full strength, into the eyes shortly after birth. Many physicians make it a routine rule to use "Palpebrine" even if there is no evidence of liability to infection. "Palpebrine" is an antiseptic, germicide and slightly astringent solution. The Dios Chemical Co., St. Louis, will mail sample and formula on application.

BACKACHE.

It is with pleasure that I give you my experience with Sanmetto. Mr. B., aged 49 years, was a sufferer for years from backache, caused from inflamed and overworked kidneys. The pain was so great at times that an opiate had to be given to relieve it. I put Mr. B. on Sanmetto, teaspoonful three times a day. He has never complained of his back since. This has been three months ago.

Gold Hill, Ala. J. HARVEY BLEDSOE, M. D.

THE CARE OF CUSPIDORS.

"Cuspidors should be thoroughly cleansed and disinfected daily, and should contain a small amount of a germicidal solution." From "The Repression of Dangerous and Offensive Spitting," *N. Y. Medical Journal*, March 26th, 1897. The disinfectant known commercially as Platt's Chlorides can be recommended for this purpose, as it is efficient, clean and odorless.

CONFIDENCE WELL PLACED.

December 6, 1897.

JOHN CARLE & SONS, New York City.—Gentlemen: You can be assured that I will prescribe the Imperial Granum whenever there is an indication for a prepared food, because I had sufficient confidence in it to give it to my own child, and it agreed with him perfectly, and he has increased in size and weight to an astonishing degree. ——, M.D.

Physicians can obtain samples of this celebrated prepared food free, charges prepaid, on application.

W. C. Frederick, M.D., Lono, Ark., says: I have used S. H. Kennedy's Extract of Pinus Canadensis (Dark), one to three of water, in sore throat from cold, with splendid results, and have now under treatment a little boy, three years old, suffering from strumous diathesis, who had been afflicted over a year with otorrhea. Have been using as an injection two drachms of S. H. Kennedy's Extract of Pinus Canadensis to four drachms of water, three to five drops, two or three times a day, the ear previously cleansed with castile soap. The little fellow commenced to improve from the very start and is rapidly improving daily; the discharge has almost ceased. He has been on this treatment for about two weeks.

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CONTINUED GOOD RESULTS.

The January, 1894, number of *The Quarterly Journal of Inebriety*, published under the auspices of The American Association for the Study and Cure of Inebriates, Hartford, Conn., U. S. A., says through its able editor, T. D. Crothers, A.M., M.D.:" Antikamnia is one of the best remedies in influenza, and in many instances is very valuable as a mild narcotic in neuralgias from alcohol and opium excesses. We have used it with best results." In a letter of more recent date to The Antikamnia Chemical Company, Dr. Crothers writes: "Antikamnia continues to improve in value and usefulness, and we are using it freely." *The Edinburgh Medical Journal*, Scotland, says, regarding antikamnia: "In doses of three to ten grains, it appears to act as a speedy and effective antipyretic and analgesic." *The Medical Annual*, London, Eng., says: "Our attention was first called to this analgesic by an American physician whom we saw in consultation regarding one of his patients who suffered from locomotor ataxia. He told us that nothing had relieved the lightning pains so well as antikamnia, which at that time was practically unknown in England. We have since used it repeatedly for the purpose of removing pain, with most satisfactory results. The average dose is only five grains, which may be repeated without fear of unpleasant symptoms.

I have given your Bromidia with success as a remedy for Insomnia, especially where produced by excessive study or mental work.

DR. LUIGI SALUCCI, Physician to the Holy Apostolic Palaces,
September 1, 1897. The Vatican, Rome.

Most physicians will appreciate the recent additions of Clinton E. Worden & Co. to our "armamentum." We have reference to Cito Pills, Malto-Fer, Duo-Peptonate and Palmo Santal Compound, all of which have become deservedly popular with the medical profession.

ESSENTIALS OF BACTERIOLOGY, BEING A CONCISE AND SYSTEMATIC INTRODUCTION TO THE STUDY OF MICRO-ORGANISMS, FOR THE USE OF STUDENTS AND PRACTITIONERS, by M. V. Ball, M. D., Bacteriologist to St, Agnes' Hospital, Philadelphia. This edition, revised, with 81 illustrations, some in colors, and five plates. Philadelphia. W. B. Saunders, 925 Walnut St. $1.00.

That as finely illustrated a book as this can be sold for $1.00 is indeed a remarkable thing. This is a compilation from the larger works on this subject, and aims to be a concise treatise upon the practical bacteriology of the day. The article on diphtheria, with the facts concerning antitoxin treatment, has been enlarged over former editions.

Saunders has in press and will shortly issue several excellent scientific works, among them the world-famous Lehmann's Hand Atlasses. The American Text Book of Genito-Urinary and Skin Diseases gives promise of being one of the best books of the American Text Book Series. Van Valzah and Nisbet's Diseases of the Stomach, Keen's Surgical Complications and Chapin's Compendium of Insanity are shortly due. Gould's Year Book has already a large number of advance orders. This and Moore's Orthopedic Surgery will be out in January.

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SOUTHERN CALIFORNIA PRACTITIONER.

VOL. XIII. LOS ANGELES, FEBRUARY, 1898. NO. 2

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ORIGINAL.

ACTINOMYCOSIS.*

BY STANLEY P. BLACK, M.D., LOS ANGELES, CAL.

Actinomycosis is a disease very common in cattle and probably much more frequent in man than commonly supposed. The failure to recognize the disease is due, in the first place, to the neglect to examine pus microscopically, and, secondly, to the fact that the cuts of the fungus, given in medical works on the subject, are so largely schematic that the majority of practitioners would fail to recognize it under the microscope.

The disease was first described by V. Langenbeck, who reported two cases at Kiel, in 1845, giving a minute description. He, however, considered it a pyemic affection, as did several others who reported cases before 1877.

The first scientific description of the disease was given by Böllinger in 1877. He found the fungus in the pus from lumpy jawed cattle. He took the specimens to the botanist Harz, who suggested the name Actinomyces for the fungus and Actinomycosis for the disease.

A year later J. Israel described the disease in man and found the fungus, but failed to recognize it as identical with the condition described by Böllinger. The identity was not established until Ponfick, in 1879, demonstrated the conditions in man and in cattle to be one and the same disease.

Partsch, in 1888, collected about 100 cases from the current literature. Murphy, in 1891, gave the total number of cases as 251. Since that time cases have multiplied rapidly.

The first human case described in this country was that of J. B. Murphy, in 1884. W. F. Belfield, however, had previously found it in cattle.

*Read at the Los Angeles County Medical Association, January 21, 1898.

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The disease usually affects the soft parts of the lower jaw, both in cattle and in man. There exists an extensive infiltration of the loose connective tissue and the bone itself is sometimes invaded. On examining this infiltrated area microscopically, we find granulation tissue of a distinct embryonal type, and also epithelioid and giant cells. The microscopical sections thus resemble closely both tuberculosis and sarcoma, and Senn holds that it may easily be mistaken for either.

Usually some portion of the indurated mass becomes softened and a small fluctuating area develops. On opening this a small amount of pus escapes, and in this pus we find sulphur-yellow or grayish masses of the size of a pin's head.

On picking out these small masses and gently crushing them between a slide and cover glass, we can, with the microscope, see the more or less typical fungus. This consists of a central reticulated network of probably branching fibres. In an unstained specimen this central mass appears granular and it is only in stained specimens that the fibres are shown. Around this central mass the fibres assume a radiating position and the extremity of these radiating fibres presents an enlargement or clubbed shape. The clubs, however, especially in man, may be entirely absent.

The fungus can be stained with carbol fuchsin, with orseille, orange rubin or by Gram's method. The most characteristic stain is probably that recommended by Mallory. The fungus will grow on most of the ordinary culture-media, but is rather more difficult to cultivate from the human than from cattle.

Israel, in 1883, succeeded in inoculating a rabbit with a piece of an actinomycotic tumor, and producing the disease. Later Ponfick succeeded in a calf. Wolf and Israel, some years later, inoculated 21 rabbits, 3 guinea pigs and 1 sheep, and succeeded in producing the disease in all except the sheep.

The disease is undoubtedly non-contagious. Salmon, of the Bureau of Animal Industry, in the course of some experiments on treatment, placed 21 healthy with 85 actinomycotic cattle with a view of testing its contagiousness. The healthy animals were placed in stalls with a diseased animal on either side. They were obliged to eat hay, etc., soiled by the discharges from actinomycotic tumors. After four months' exposure they were slaughtered and no sign of the disease was discoverable on the most painstaking examination.

The prevalent opinion is that the fungus, or its spores or other permanent forms, exist on grain and gain access to the body of the beast from eating or chewing the raw grain or straw. There are several cases on record where a spear of barley has been found in an actinomycotic abscess. This theory explains the fact that the majority of cases occur about the mouth and jaw. According to the statistics given by Moosbrugges, quoted by Senn, about 41 per cent., occur in the lower jaw, mouth, throat and tongue, 2 per cent. in the upper jaw and cheek, 1½ per cent. in the region of the esophagus, 15 per cent. in the intestines, and 19 per cent. in the bronchi and lungs.

Many cases have, in recent years, been reported in the skin. In all the above localities the mode of infection is clear enough, but we have more difficulty in the case reported by Zemann, where the ovary and tube were primarily affected, and the case of Böllinger, where the only seat of the disease was in the brain. The disease usually extends by contiguity of tissue alone, but there are several cases on record of metastasis occurring through the blood stream.

The suppuration is produced probably invariably by secondary infection with pyogenic bacteria and not by actinomyces. The course of the disease is essentially chronic. There is one case on record of 13 years' duration. However, when suppuration occurs the disease runs a much shorter course.

Until within recent years surgical measures were alone used in treatment,

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thorough curettement being the only means. However, as early as 1880, iodide of potassium was proposed as a remedy. In 1885, Thomasson, of Utrecht, announced the recovery of a steer afflicted with actinomycosis of the tongue through treatment with iodide. In 1892, Nocard, of the Alfort Veterinary School, reported several cases of recovery from the disease, also of the tongue, in cattle under the same treatment. In the spring of 1892, Dr. Nogaard, of the Bureau of Animal Industry, cured a steer of actinomycosis of the jaw by means of iodide.

In the summer of 1892, Dr. Salmon, Chief of the Bureau of Animal Industry, made a thorough test of the efficacy of the drug. He made two series of experiments in Chicago. The animals experimented on were all far advanced in the disease. In the two series he used upwards of 150 animals. The treatment lasted 3–4 months, and upwards of 80 per cent. were entirely free from actinomycosis when slaughtered.

In man the remedy has been faithfully tried and the results are extremely favorable. In the limited literature at my disposal I have been unable to find a single fatal case after the iodide treatment. The iodide is used in increasing doses up to the point of tolerance. The earlier this point is reached the more favorable the result. Recently parenchymatous injections into the tumors, of iodide, has also been employed.

Iodide of potash, however, is not fatal to the actinomyces. They grow quite as well in culture-media when it is added as when on the usual media, consequently the drug is either split up in the system or it affects the tissues themselves making it an unfavorable soil.

In May, 1893, L. P. B., aged 32, American, banker, presented himself to me with the following history: Family, all healthy; had never been sick himself before except several attacks of gonorrhea. About the first of April, 1893, noticed a small nodule the size of a pea, slightly sensitive, situated about a half-inch below the lower jaw, midway between the symphysis and the left sterno-mastoid. This nodule enlarged slowly but steadily and at the end of two weeks was about the size of a dime. It was then treated by unctions of camphorated oil and later by an iodine salve and finally by white precipitate ointment. This treatment lasted about a week, and during this time the nodule grew quite rapidly; at the end of the third week the muscles of the left side of the neck were extensively infiltrated. The infiltration also extended around and behind the angle of the jaw and to the tissues over the inferior maxilla anterior to the masseter muscles. There was considerable difficulty in swallowing and the jaws could not be separated more than one-half inch. A most careful examination of the teeth was made by a dentist, but no cavities were found on the lower jaw. There were, however, two carious teeth on the left upper jaw.

Poultices were applied to the neck and several days later a softened spot was lanced, by the physician in attendance, but no pus found. A week later a small abscess developed and this was drained and packed and in a few days healed. In about two weeks another softened area developed. At this period I first saw him. I opened the abscess and let out about a half drachm of pus and in this pus I found, on microscopic investigation, typical actinomyces.

Subsequently, the old scars reopened and discharged, and numerous small abscesses developed, about a dozen in all. These were opened, washed out with hydrogen peroxide and a wet five per cent. carbolic acid dressing applied to the neck. An operation was proposed but on account of the panicky feeling among bankers, he begged off until he could better afford the time. He was then placed on iodide of potassium, 10 grains three times a day, the dose being increased one grain each day. The induration gradually diminished and by the

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end of June, 1893, when he had reached a dose of 40 grains three times a day, it had practically disappeared completely. He has remained in perfect health ever since.

Case No. 2. The patient I desire to exhibit to you tonight presents the following history: Family history good; her own health was good until the birth of her first child 10 years ago, since which time she has suffered from female weakness.

In July, 1896, she had a miscarriage, septic infection following. Subsequent to this she suffered with aching in the sides, back, uterus and rectum. In April, 1897, she came to Los Angeles, and Dr. Wernigk removed a suppurating left ovary. Recovery from operation was good.

Six weeks later noticed tumors in left ovarian region. Similar tumors appeared in median line and on left side. Tuberculosis was suspected and treatment with tuberculin tried.

In September last she consulted Dr. Norman Bridge, and I saw her with him. There were several masses extending from the left ovarian region upward and outward, in, or immediately under, the abdominal wall. Also similar tumors extending upward and outward from the right ovarian region. A suppurating sinus in the scar in median line. The uterus enlarged and fixed. We suspected sarcoma and put her upon the erysipelas toxines. This treatment was begun on October 2nd, and continued until the 23rd, the dose being increased from ½ to 7½ m. The masses diminished in size steadily and markedly. The pain attending the injections was considerable.

During this treatment several small abscesses developed in the tumor masses, not however, at the points of injection. At my suggestion, Dr. Cole scraped out the old sinus and opened several small abscesses under ether. The pus, as it escaped, contained small iodoform yellow granules, which immediately attracted my attention, and microscopic examination showed them to be nests of actinomyces. The toxines were then discontinued, and she was placed on iodide of potash 10 grs. t. i. d., increasing each dose by one grain each day.

Her general condition has improved markedly under the treatment. The gain in weight has been pronounced, the tumors, however, have shown no signs of diminishing in size. In fact, they have again become as large as they were before the toxines were used. Dr. Bridge again tried the erysipelas toxines, but the pain caused by the injections caused him to desist.

217 S. Broadway.

A PROTHETIC RECONSTRUCTION.

BY PAUL H. BRESEE, M.D., AND FRANCIS A. SEYMOUR, M.D., LOS ANGELES, CAL.

The patient, a lad of 15 years, came under our observation November, 1895, by reason of traumatic stenosis of both nasal ducts, with resultant distension of the lachrymal sacs, muco-purulent accumulation in the lacus, and epiphora to such a degree as to interfere with his employment. He stated that in September, 1893, he had been kicked in the face by a horse. The depression of the nasal bones had reversed the arch, compressing the septum by a bilateral curvature, and practically obliterating the nasal spaces by the consequent encroachment upon the turbinates.

Operative measures.—The roofs of both inferior canaliculi were slit. Repeated attempts to locate the entrances of the ducts through the nasal bones having proved futile, a passage was forced through each by means of the smaller Weber probe. On the left side the opening was made too high, and at too oblique an angle, so that when Bowman's probes were simultaneously inserted, they met on

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the right side. The misdirected opening was permitted to close, and in a few days an entrance was effected into the left naris. The new passages were irrigated through and through with aseptic solutions, on alternate days, for a week, and at irregular intervals for an indefinite period, dilatation with the larger end of the Weber probe being practiced each time. A tendency to closure of the new openings led to the insertion of silver lachrymal tubes which were allowed to remain for several weeks. The right duct continued pervious for a time, but the left speedily contracted. Careful probing demonstrated that the trouble lay chiefly in the insufficiency of the opening through the bone, rather than in a redundancy of soft tissue. From a substantial knitting needle a saw was made, with this inserted into a mirror handle, the opening was readily enlarged. Despite the utmost care, however, with douching and dilatation, on the left side cicatricial tissue of sufficient density threatened occlusion. An electrode of copper wire, insulated to within three-eighths of an inch from the distal end, was fitted into an universal handle, inserted into the duct, the negative galvanic current applied, and the cartilaginous stricture melted away. Satisfactory drainage for the tears having been secured, the patient expressed a desire to have something done for his nose. A bridge of wax was fitted into the depression, building it up to an elevation approximating the probable normal. From this a wax impression was taken, and from the impression a gypsum cast. From this a sink and die were made, into which a thin plate of pure silver was accurately fitted. This plate when *in situ* extended downwards slightly below the lower ends of the nasal bones, and upwards to the frontal bone on a level with the upper border of the eye-brows. Through the upper and narrower end of the plate two perforations were made, one near either border, to which short and rough, flatheaded silver nails were adjusted. Under chloroform, a linear mesial incision, somewhat shorter than the plate, was made. The subjacent soft tissues we carefully lifted by blunt dissection down to the periosteum, and when the bleeding, which was slight, had ceased, the silver bridge was carefully inserted under the distensible flaps. When in place, by means of a dental engine, two holes were drilled in the frontal bone, through those previously made in the plate, and into these were driven the silver nails. The edges of the incision which had been cut on the

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bevel were then brought together. In order to avoid stitch scars sutures of very fine catgut were inserted in the substance of the cutis at one-half its thickness, so that when tied, the small knots were on the underside of the flaps, the sutures all having been placed, before any were secured. Although strict aseptic precautions had been taken, the wound became superficially infected to a limited extent, from the mixed lachrymal secretion externally. The traumatic scar had the shape of an inverted Y. The verticle stem, three-fourths of an inch in length, began nearly on a level with the ocular equator; the right branch was an inch long, and the left an inch and a half. As a result of the elevation, the cicatricial disfigurement is greatly dimished.

Prior to the bridge building, which was done solely for cosmetic effect, there was absolutely no nasal respiration. Soon after the subsidence of surgical swelling, a partial restoration of this function was established. A few weeks later the septal protuberances were removed by the saw, requiring two operations on the right side, and one on the left. Later, the left turbinate was reduced by chromic acid, since which nasal respiration has been normal. Subsequently, slight epiphora recurred and dilatation of the ducts were resumed for a period of several weeks, after which the silver tubes were again inserted, and permitted to remain, that on the right side for four weeks. On attempting to remove the tube from the other side, some difficulty was encountered, and inasmuch as drainage was satisfactory it was left. After four months, occlusion having occurred, the tube was found to be held in the grip of cicatricial tissue at the upper end of the sac. This was removed by scissors and the tube extracted. A comparison of the figures will show the superficial results in this case, although a flatter profile in figure 1 would have afforded a more flattering contrast.

The improvement in looks, and the restoration of functions, are satisfactory to the patient and gratifying to the operators.

In passing, we venture to remark that if the physicians called at the time of the injury, had elevated the depressed bones, and had looked after the patency of the ducts, the youth would have been spared the deformity, discomfort and subsequent surgical manipulations, and the reader the loss of valuable time in perusing this recital.

ELECTRICITY IN DISEASES OF THE NOSE AND THROAT.*

BY GEO. S. HULL, M. D., SC. D. PASADENA, CAL.

The ease with which electricity can be applied to the cavities of the nose and throat has led to a large experience with electro-therapeutics in these regions.

The temptation to the use of the electro-cautery has been specially alluring. Obstructions not large enough to demand the saw or chisel have been the favorite points of attack with the electrically heated wire. The method appears simple enough; all that seems necessary is to cocainize the parts, place the wire in position and turn on the current. The results, however, are not always what one expects, even though he be skilled in the use of the current. If one is at all careless in the after- treatment, he is apt to meet with results similar to those the writer observed in the following case:

The patient complained of pain over the left brow accompanied by ringing in the left ear and dullness of hearing. Her physician was treating her by medicating the internal ear through the eustachian tube, and spraying the nose and throat with an alkaline and antiseptic solution. Getting no very definite results,

*Read at the Twentieth Semi-Annual meeting of the Southern California Medical Society, held in Los Angeles, Dec. 1 and 2, 1897.

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he asked me to examine the case with him (I happened to be calling upon him while passing through his city on my way west). Discovering that the superior turbinate was largely in contact with the septum, I called his attention to the fact and suggested that it might account for the trouble. Just then the patient exclaimed, "Oh, that trouble has been attended to; my former physician burned it with electricity." So he had; but was not careful about the after-treatment, and the raw surfaces of the turbinate and septum had grown together, forming a dense band. Whether or not the breaking up of this cicatricial band, which was not easily accomplished, caused the annoying symptons to disappear I do not know, having seen the case but the once; I have cited the case merely to make apparent what unpleasant results may follow the electro-cautery without very careful after-treatment. Indeed one is apt to grow less fond of electro-cautery in the respiratory passages as his experience grows larger. He finds that the forceps, cold snare, tonsillotome, etc., are not easily supplanted by it.

The electrolytic and cataphoric effects of electricity are far more useful and promising. To these we devote our short paper. To reduce an enlarged tonsil by electrolysis is a slow method compared with the use of the tonsillotome, and the latter is far preferable where the tonsil is large and readily seized; but there are flat, elongated tonsils which cause much trouble, and where the use of the tonsillotome and like methods of removing are not applicable: these yield slowly but surely to the negative electrode with its needle-shaped point. Recently in a case in which a flattened tonsil extended low down and caused much irritation and considerable pain in swallowing, the electrolytic action of the needle, extending over a period of weeks, caused a large degree of shrinkage and ultimately, entirely relieved the dysphagia and cough.

In smaller adenoids the electric needle is of much service, and hypertrophies in the neighborhood of the turbinates may be much reduced by it. But in the treatment of ozena is where a most promising field lies for the cataphoric effect of electricity. To insert a copper or silver needle deep into the mucous membrane of the turbinate which is the most usually affected (the middle), and a steel needle into the lower one, and pass a nicely regulated current from a galvanic battery between these electrodes means a radical change in the character of the mucosa.

The greenish color of the membrane tells how much copper salt (the oxychloride) has been deposited in the tissue, and the betterment in the odor tells how rapidly it modifies this unpleasant feature of the disease. Instead of atrophy following, we are more apt to have an attempt at restoration of the normal tissue. The use of cocaine makes this method painless; but one needs to possess the means of carefully regulating the current, and especially the source of a constant supply of current. Aseptic precautions are, of course, necessary.

A far more delicate use of the cataphoric effect of electricity is the driving of medicinal substances into the tissues of the larynx in cases of tubercular laryngitis. And here is where it is worth while to experiment with this peculiar effect of the electric current. Of course the same objection obtains to the use of irritants in this manner as does to the application of them by means of sprays or applicators, as the current in driving irritating solutions into interstitial tissue does not lessen their irritating qualities.

In applying this treatment to tubercular laryngitis, the least promising affection for any local treatment in this region, the parts are first sprayed with a four per cent. solution of cocaine, and then the positive electrode, holding the solution to be used, is applied to the diseased spot, the negative electrode being applied to the neck, covering considerable surface there. As the current passes from the positive electrode to the negative it carries with it into the tissues the medicine

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whose germicidal and other effects are to be manifested there. Creosote has been found too irritating; likewise zinc chloride. Iodine is better borne. Guaiacol is by far the least irritating, and its benumbing influence is said to outlast that of cocaine; besides being far safer for repeated use. The least irritating, and at the same time not the least microbicidal is the oxychloride of copper. This is made by the action of the fluids in the tissues upon the positive copper electrode at the place of contact. This electrode should be of pure copper, as impurities in it, notably zinc, will generate salts which are quite irritating. As the current passes into the mucous membrane of the larynx, oxychloride of copper is formed by the action of the fluids of the tissues upon the copper positive electrode, and this is carried along with the current. We may trust with much confidence to the destructive action of this salt upon the tubercle bacillus, and as well to its stimulating effects upon the tissues. The current used must be mild, five milliamperes being the average. Of course the faradic, or induced current, is not applicable here, as, reversing itself constantly, it possessess no cataphoric properties.

Monell, whose large experience in electro-therapeutics makes him an authority upon the subject, says the advantages he has found in applying this treatment to laryngeal tuberculosis are:

1. "There is no real destruction of the tissues, and there are no lacerations of "the surfaces which might form a point of entrance for new pathogenic germs for "reinfection, as is the case with the method of curettage, and, to a certain extent, "also with the galvano-cautery and simple electrolysis. The cure is affected by "the healthy reaction of the tissues in the same manner in which we often see "specific lesions heal when the system is under the influence of mercurials.

2. "In cases which I have treated by this method there has been absolutely no "reaction or hemorrhage following the application—a point of great importance "with tuberculous patients.

3. "This method does not demand the high degree of manipulative skill "required for curettage, or the manipulation of the electro-cautery in the larynx, "and is especially simple when direct laryngoscopy can be used."

A CASE OF EPILEPSY RELIEVED FOR TWO YEARS BY REMOVAL OF THE OVARIES.*

BY J. H. LOVE, M.D., VENTURA, CAL.

In reporting this case I do not propose to give you anything new upon this subject. My apology for offering this report is the apparently hopeless condition of the patient, the severity of the paroxysm, the duration of the disease, and its prompt relief (so far).

The subject of this report is now 37 years of age, medium stature, fairly developed, nervous temperament, and has had no serious disease, except this epilepsy; with a history of an uneventful childhood, having had only such diseases as are peculiar to that age. We find, upon inquiry, she menstruated first at the age of 14. Menses were established in a few months, and continued to be regular until her ovaries were removed. Her menstruation was at no time painful, or irregular, until two years before the removal of ovaries. We failed to find any history of, or disease of uterus or appendages; family history of the patient good; both parents living and free from disease of any kind. Careful inquiry failed to find any history of epilepsy, on either side of the parentage, and no neurotic disease of any kind.

*Read at the Twentieth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 1 and 2, 1897.

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The subject of this report came under my care in 1891, for treatment for epilepsy. Upon inquiry we find a history as given above. With the report that at the age of 17 years she began to have slight attacks, which would occasionally occur and were diagnosed epileptic by her physician, who put her upon, no doubt, a good treatment, but with indifferent success. As time went on, paroxysms became more frequent and more severe, with an occasional respite, which would be followed by a more severe attack. When first seen by me she gave a history of indigestion, irritable stomach, acid eructations, gastric fullness, constipation of bowels, with occasional headache and epilepsy. First paroxysm seen by me was as follows:

Patient while seated in her chair in conversation was seen to become rigid, eyeballs fixed and staring, face pale, which condition gave way to clonic convulsions of muscles of face and extremities, followed by coma, which lasted a very short time; patient awoke confused, but in a short time resumed conversation. She described a sensation, an aura, as of some peculiar something starting from her stomach, passing up to her head when she became unconcious, and was of the opinion that this aura and her stomach were the cause of all her trouble.

This attack was given as a fair representation of her previous seizures, with the exception that many of them were more severe, had continued spasmodic convulsions and coma prolonged. I now concurred in the diagnoses previously given by others; gave unfavorable prognosis. Began treatment by correcting disordered stomach and bowels with aids to digestion, as many cases of epilepsy are no doubt aggravated and many paroxysms induced by errors in diet and faulty digestion; stomach and alimentary canal responded very well to treatment and in a short time I was able to give her bromide of potassium in increasing doses, with tonics. Persistent treatment in this line brought about more favorable conditions, which was manifest in improved digestion, gradual gain in flesh, with improvement in nervous condition, less frequent paroxysms, and many not so severe. This line of treatment was persisted in until stomach revolted at bromides, which was for a time discontinued, with increase in paroxysms, but with better and improved stomach. The bromide was suspended for some months, when a much more favorable condition obtained. Patient had now an absence of seizure for 10 months; was very much elated and thought her trouble at an end, but, alas! her hopes are blasted by a return of the paroxysms, after the intermission of 10 months. We have the usual condition of more severe seizures and more frequent. In place of mild epilepsy we have now well marked grand mal upon which all the treatment we could bring to bear made slight or no improvement.

Another peculiarity now makes its appearance in that her attacks would accompany her menstruations, either just preceding, during or immediately following her menses. We looked carefully to her uterine condition, and the condition of ovaries and pelvic organs, for some cause for this persistent condition, but failed to find any that would lead us to believe there was any uterine cause for it. The only condition was a pain in the left ovary, which was at times severe, followed by marked tenderness. Careful examination failed to find any enlargement or displacement. With monthly paroxysms and at times a number of them, we found her mental condition becoming very much impaired, approaching a condition of marked dementia. All the treatment we were enabled to bring to bear having produced only meager results, and the condition of our patient becoming alarming, we now resorted to surgery for relief.

I recommended removal of the ovaries in hopes of interrupting these paroxysms. The persistent occurence at her menstrual period, and at no other time, of pain and soreness in her left ovary, gave us some hope of improvement, although

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the length of time which this patient had suffered would lead us to believe that the epileptic habit was well established and interference would be useless; however, we were well satisfied that the condition of our patient could be worsted but very little, she now being almost a fit subject for an insane hospital. Having obtained the consent of the patient, the parents readily consenting, I requested my friend, Dr Bard, to visit her with me, who concurring in my opinion, a day was set for an operation. After the usual preparation, and assisted by Dr. Kelsey, of Santa Paula, and myself, the doctor removed the ovaries in a very skillful manner. The patient did well for the first three days, nothing unusual having occurred until the fourth day, when she had a very severe seizure. Happily she had but one and made a very good, but slow recovery.

Condition of ovaries: Right was found normal in all particulars; left was normal in size and consistency, color, etc., but on anterior surface was found two small cysts, not larger than a grain of wheat. Her condition improved. We now determined to test the operation in this case, and gave no medicine except for general conditions. Two months after our operation she had, at what would have been her menstrual period, a severe epileptic seizure, which I must say reduced our hopes of a successful issue not a little. She again did well for two months more, when a slight attack again came on, since which time, now two years, she has been free from any attacks of any kind; has taken no medicine and is enjoying splendid health; dementia and all her nervous symptoms have disappeared and we hope the allotted three years may find her free from this most dreadful disease.

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I do not desire to consume very much of your valuable time, but will say this was a case of undoubted epilepsy, at first mild or petit mal, the cause of which, or pathological condition upon which it depended I am unable to define, as it had no apparent connection with her menstruation until after the intermission spoken of. In recommending the operation it was done because the seizures appeared to accompany menstruation and not from any diseased condition of the uterus and its appendages.

I believe that in many of these most dreadful cases we will find the lesion peripheral and not central, as I have seen reported a case of epilepsy of long standing suddenly ceasing upon the removal of a diseased tooth, so we may find peripheral conditions responsible for many of our cases of this disease. If reporting this case will cause any of you to look more carefully for the cause of this disease and prompt you to remove it, I will have attained the object of this paper.

TREATMENT OF ACUTE BRONCHO-PNEUMONIA IN CHILDREN.*

BY J. H. SEYMOUR, M.D., LOS ANGELES, CAL.

Broncho-pneumonia is a disease very frequently met with, and is one of the most serious of the acute pulmonary affections of early childhood, consequently the subject of treatment is one of great importance to the general practitioner. The condition present and to be met is one of local inflammation which has spread from above downward, from the larger into the terminal bronchi and adjacent alveoli—the alveoli are never the first to become involved—a careful inquiry will elicit the fact of a pre-existing bronchial inflammation. With a thorough appreciation that broncho-pneumonia is a secondary disease, it becomes evident that something can be done in the way of prophylaxis. I believe it to be largely a preventable disease. Rational prophylaxis, however, should commence at birth, and

*Read before the Twentieth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 1 and 2, 1897.

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consists in fulfilling in the highest possible degree the laws of hygiene and diet. Improperly nourished, rachitic and scrofulous children (so many examples of whom we see among those who have been fed on some one of the many proprietary foods on the market, nearly all of which are deficient in one or more of the elements necessary for the building up of tissue capable of resisting disease encroachments), these little unfortunates, I say, with pale and delicate skins and still more sensitive mucous membranes are particularly prone to repeated attacks of catarrhal inflammations, involving not only the nasal and pharyngeal mucous membranes but frequently by extension, the bronchial and pulmonic.

We can accomplish much by attention to this question of diet for the young infant requiring an artificial rearing.

Likewise of importance is the question of the proper clothing to be worn by young children. Extremes in this matter are to be avoided, the "coddling" of children is to be deprecated equally with that of over-exposure. Loose-fitting flannel undergarments of medium weight, covering the arms and legs, should be worn during the winter months, at least, in this climate. The child should be given each morning a cold or tepid bath followed by a brisk rubbing, particularly of the chest and throat. Pure air and out-of-door exercise should be granted them, the former in unlimited quantity, the latter regularly, whenever the weather permits.

On the appearance of catarrhal symptoms, however, the child should be confined to the house, the rooms kept at an equable temperature and a mild laxative given, followed by a little paregoric or Dover's powder. When convinced that the inflammatory action has extended from the larger bronchial tubes into the terminal bronchi and alveoli, a fact made known by no sharp line of demarcation, but rather by an intensifying of all the symptoms, temperature, pulse, respiration, etc. and particularly by the change in the character of the cough and cry; when, I say, we are convinced that we have catarrhal pneumonia to deal with our line of treatment will be an expectant one, directed towards supporting the vital forces and meeting the indications as they may arise.

The strength of the little patient should be conserved in every possible manner, for this disease makes rapid inroads upon the vitality of infants and young children. Careful nursing occupies first place in the successful treatment of broncho-pneumonia. The child should be put to bed, not held in the arms or toted about the house. The room should be a sunny one and capable of thorough ventilation, that with an open fireplace being particularly desirable. The temperature of the room should be kept equable—from 68° to 70° F.—and the atmosphere rendered moist by means of a bronchitis-kettle. The inhalation of steam is of the greatest service in these cases; cough, frequently very annoying, is lessened, the viscid secretions are rendered more fluid and expectoration facilitated and in so far favors a limitation of the pneumonic process, bearing in mind that the condition present is to a certain extent a mechanical one, that the embarrassed breathing and labored hearts' action are caused by the presence of tenacious mucus and obstructed bronchi with the resulting atelectasis. The importance of keeping these secretions in a liquid condition cannot be overestimated, and in steam we have our best agent for accomplishing this result.

The child should be made as comfortable as possible and its position in bed frequently changed in order to lessen any tendency there may be to hypostatic congestion. A loose flannel night-dress should be worn, large enough to enable us to reach the chest with our topical remedies without too great annoyance to the patient.

With reference to external applications, what is it best to do? The classical flax-

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seed meal poultice, continuously applied, I have long since discarded as a routine measure. Occasionally for the relief of pain, and when other means fail, resort will be had for a few hours to this. Continuously used, however, they do more harm than good. The difficulty of having them properly applied, the worry and annoyance which their frequent application gives the child, the danger, through neglect, of their becoming cold and soggy, but above all, the weighting of the chest with a heavy poultice, supplies additional work for the little sufferer whose every effort is being put forth to supply the needed amount of oxygen (through the uncrippled portions of lung tissue) to a blood current already overcharged with carbon dioxide.

It is to the maintaining of the respiratory function that all our efforts are being directed, for in these cases death, when it comes, results from failure of the respiration, not from heart failure. I would, therefore, unreservedly condemn the continuous use of flax-seed poultices in broncho-pneumonia. By the judicious use of rubefacients, however, we can materially relieve the congestion of the pulmonary and bronchial circulation, and one of the best of these to use is the old time mustard-paste, of the strength of one part of mustard to four of flour. They should be left on until the skin is moderately reddened and reapplied several times a day throughout the disease. Camphorated oil liberally used and thoroughly rubbed onto the chest makes a satisfactory counter-irritant in mild cases.

The chest should, throughout the entire course of the disease, be encased in a loose-fitting cotton jacket. This can easily and quickly be made out of cotton batting and cheese-cloth, or flannel.

The general indications to be met in the treatment of catarrhal pneumonia are three in number: 1.—The support of the patient's vital forces. 2.—The controlling of the pyrexia; and 3.—The assisting (by every means direct or indirect) to maintain the respiratory function until resolution takes place. The inflammation cannot be checked by any abortive line of treatment. The best results are obtained by promptly meeting the indications as they may arise.

In the beginning of the attack a thorough unloading of the alimentary canal, by means of calomel and bicarbonate of sodium in small doses repeated hourly until free action is obtained, is always beneficial, vomiting and nausea, often present, are checked and the stomach and bowels rendered more tolerant of food.

In the matter of feeding care should be exercised not to become overzealous in pushing the nourishment. Gastro-intestinal irritation, with the attendant accumulation of flatus, renders respiration still more difficult, and its prevention is one of the most important duties of the physician. Easily digested nourishment, frequently repeated and in small quantities is needed to sustain the vital forces. Milk with lime-water, beef peptonoids, beef-juice, meat broths, Kumyss, egg albumen, water, etc., etc., may be given according to the exigencies of the case. If stimulation becomes necessary, alcohol in some form will be found useful, but should be given largely diluted in order not to disturb the digestion. Strychnia I believe to be our best respiratory heart and nerve stimulant and can always be given with benefit.

As said before, the liquefying and removal of tenacious and viscid exudate is always desirable. Ipecac (I prefer the wine) in minute doses, frequently repeated, will facilitate this process. The muriate, carbonate or aromatic spirits of ammonia are particularly useful and are general favorites. In cases where cyanosis and dyspnea are becoming urgent from accumulation of mucus in the bronchi an emetic will oftentimes give great relief. Oxygen would also be indicated. In this connection I would like to quote a paragraph from a recent article by Dr. Chapin. He says: "As is well known, carbon-dioxide is produced more

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abundantly in early life than in later years, hence the lungs have relatively more work to perform. Not only are the lungs crippled in their natural work in pneumonia, but the high temperature and inflammatory action increase still more the production of carbon-dioxide, so that great strain is put upon the parts of these organs that are still able to perform their function. Add to this the filling of the bronchial tubes and the poor development of the respiratory muscles, and we can understand how a weakening and failure of respiration are what is constantly to be dreaded. The blood charged with carbon-dioxide tends to sluggish movement in the lungs, soon followed by exudation and emigration into the alveoli and tubes. The fatality would be much greater were it not for the compensation of a vigorous heart and blood vessels, and here is where the greatest advantage can be pursued in treatment. The right heart, which has to bear the brunt of the pulmonary obstruction, is relatively strong in early life, while the arteries, being healthy and elastic, aid the action of the left heart. . . . As the respiration becomes weaker and the lung more congested, the blood collects in the veins from the pulmonary obstruction, and the indication is to prevent stasis in the lungs by stimulating the heart, at the same time drawing off the blood as much as possible into the arteries. This may be accomplished by dilating the arteries, which, by lessening the amount of blood in the veins, takes off some of the pressure from the engorged pulmonary circulation. Nitro-glycerine is thus most valuable in relaxing the arterial system, and hence to a certain extent emptying the veins into the arteries."

This line of argument seems to me most rational, and I would like to know what the feeling of any of the members of the society is in regard to the use of nitro-glycerine in this condition. I personally have had no experience in the use of it in broncho-pneumonia, but shall feel decidedly like giving it a trial at the first opportunity where the indications seem to call for its use. On the other hand and for the opposite reason, namely, its tightening effect upon the arteries, digitalis is seldom used by the above author, or when employed is combined with a vaso-dilator.

It is not my purpose to enumerate all the drugs that have been recommended to meet the different indications during an attack of broncho-pneumonia, their number is legion. With a clear understanding of the conditions present and the dangers to be apprehended, a rational line of treatment will necessarily be followed. Avoid, however, the giving of many drugs, but rely principally upon good nursing, careful feeding, etc.

Just a word now in regard to the controlling of fever. When urgent symptoms are the result of high temperature much can be accomplished by the giving of a warm bath at 90° F., by the warm wet pack or by sponging. Ice bags to the head are a source of relief. The coal-tar derivatives are dangerous remedies in pneumonia and should never be used. Cold-compresses or ice-bags to the chest I am afraid of and think that if used at all should be accompanied with great precaution. The great majority of cases of broncho-pneumonia will require no treatment for fever. 'Tis only when dangerous heights are reached that active measures should be employed.

To briefly sum up then the treatment of broncho-pneumonia:

Support the vital forces.

Maintain the respiratory function.

Control hyperpyrexia.

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MURRAIN.*

BY C. D. BALL, M.D., SANTA ANA, CAL.

In the salt-grass pastures of the lower Santa Ana valley may be seen the bleaching bones of thousands of cattle. Any old-time rancher, should you ask him the cause, would reply, "Bloody murrain." Perhaps the "very grievous murrain" of the days of Exodus was identical in character with this latter plague; there is at least one similarity—the effect.

Murrain is a term not overfraught with meaning, even from a dictionary standpoint. With cattle men it is simply a name for, and applied to, any fatal disease epidemic among their herds.

It is estimated that not less than 25,000 horned cattle have perished from this fatal disease within the present confines of Orange county. There is no immunity from it. The cow raised on the ranges, the steer lately imported, the lean and hungry, the fat and overfed, alike succumb. During the summer months of 1896, William Lamb, of the Los Bolsa district, lost over one-third of a herd of 350. A neighbor lost over 40 from a smaller herd; others in proportion.

So much has been wrttten during the last 10 years concerning California anthrax that it has been generally supposed that this local murrain was nothing less than splenic fever. A prominent veterinary surgeon practicing in the infected district, and who had been much among the cattle, suddenly died. The symptoms were such as to lead the attending physicians to suspect internal anthrax. A microscopical examination of the blood and spleen, however, failed to disclose the bacillus anthracis, and when the investigation was continued to the dying cows a like negative result was obtained. This is not surprising as the history, symptoms and post-mortem appearances of the murrain differ to some extent from those of anthrax.

Few forms of animal life escape the attacks of anthrax, while the ravages of the murrain are confined to cattle and sheep. Horses browsing over the same range with the diseased cattle are never affected (I make this assertion only after having consulted all the local veterinary surgeons and several of the prominent horsemen of the district referred to) yet horses are very susceptible to anthrax. No pustules have ever been noticed either on the cattle or their herders, or on the butchers, who constantly handle the hides.

Many of the symptoms are anthracoid; with the cow there is a sudden suppression of the milk, high fever, marked apathy, stomach and bowels frequently inactive unless stimulated by strong cathartics, feces nearly always streaked with blood, urine dark red, apparently bloody, pain in abdomen and stiffness of gait. Death, usually by coma, may result in a few hours, rarely after five days. The prognosis is most unfavorable. Were the lungs congested and the stomachs not so frequently obstructed the symptoms might be those of anthrax.

The many post-mortems made by R. Vans Agnew, V.S., show that the lungs are never congested; congestion is nearly always present with anthrax. This able veterinary surgeon sums up the post-mortem appearances as follows:

Blood thin and watery; does not coagulate. Lungs, healthy. Heart, left ventricle filled with blood, not clotted. Spleen, usually disintegrated—has the appearance of blackberry jam, occasionally much enlarged but firm. Liver, always affected. Ducts are either calcareous or filled with inspissated pus; fluke worms in varying quantities usually found in them. Third stomach always packed with dried ingesta and mucous membrane peels off with the slightest

*Read before the Twentieth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 1 and 2, 1897.

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touch. Fourth stomach inflamed, and intestines filled with bloody mucus. Feces bloody. Bladder filled with bloody urine; that is, urine colored with broken-down red corpuscles. Kidneys show evidences of inflammation.

With anthrax the blood is thick and tarry, and the red corpuscles are not destroyed. With the murrain there is great destruction of these corpuscles. So marked is this destruction that it may lead to the discovery of the cause of the disease.

Undoubtedly, the most distinctive symptom of the disease is the bloody urine, or, to be more exact, the dark-red urine, colored by hemoglobin. But that is a symptom common to anthrax, Texas fever, muir-ill and other cattle diseases.

Several cases of tuberculosis have been noticed in cattle affected with murrain. There is need of a thorough investigation of all the herds in Southern California. Tuberculosis concerns us far more than does anthrax; especially anthrax of so mild a character as has been reported in this vicinity.

The malignant pustule seems to have lost its malign quality in our sunny South-land. Near Montreal, my home for many years, the old *habitant* fears the dread "Charbon" far more than he fears smallpox, or anything else, unless it be typhus. Hear what a California writer gravely states: "I saw four men at one time with small charbon sores on their fingers and they did not seem to be at all afraid of the result." He adds that, "the treatment consisted of turpentine and garlic poultices." Comment is useless.

From the observations of several trustworthy physicians, there is reason to believe that anthrax exists in Southern California. However, Sternberg and Novy state that they have not seen it in the United States. Osler cautiously makes no mention of having found it, except near Montreal. Now is the opportunity for some ambitious bacteriologist!

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DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

ARHYTHMIA OF THE PULSE.—(*Univ. Med. Magazine*, January, 1898.) Thos. A. Claytor, M.D., Washington, D. C. Probably there is no other symptom more capable of alarming the patient and annoying the physician, or concerning the physiology of which less is definitely known. We may have the (1) pulsus intermittens; (2) pulsus alternans; (3) pulsus bigemimus; (4) delirium cordis, or wholly irregular pulse; and (5) pulsus paradoxus or a weakening of the pulse during inspiration. The same patient may present several varieties of arhythmia at different times. When a distinct method in the irregularity is observed, the condition is known as allorhythmia.

The vagus is the cardio-inhibitory nerve, stimulation of which, either at its center, in the medulla, or along its course, first causes slowing of the heart or momentary arrest; second, lowering of the intra-cardiac pressure. The real inhibitory fibres are, however, derived from the spinal accessory. The sympathetic is the accelerator of the heart, stimulation causing increase in the frequency of the pulse and in the force of the ventricular contractions. The augmentor center is thought to be in the bulb. These, with the ganglia of the heart wall, constitute the nerve-supply of that organ.

Experiments on the frog's heart, after its removal from the body, have shown that the rhythmic heart-beat is entirely independent of the central nervous sys-

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tem. Whether the intra-cardiac power is derived from the ganglia in its wall or is an inherent quality of the muscle fibres is still a matter of doubt, although the majority favor the muscular theory. Huchard suggests, as in some cases the extent of lesion does not seem to bear any relation to the amount of arhythmia, that there may be portions of the heart, as of the brain,, which are more tolerant. Professors Roy and Adami demonstrated that stimulation of the vagus weakens the force of auricular contractions and, probably, to a corresponding degree, the strength of the rhythmic excitation which reaches the ventricles from above, and at the same time it diminishes the excitability of the ventricles; but in spite of the latter the ventricles take up a rhythm of their own which is slower than the normal beat. Each rhythm alone is regular, but when they both affect the ventricle at the same time, there is interference, with the production of a rhythmic irregularity. Simp e intermittency, however, may be due to weakened auricular impulses, not being followed in all cases by a ventricular contraction.

From a pathological point of view we may have six classes:

1. Neurotic and psychic.....		Hysteria, neurasthenia, epilepsy. Exophthalmic goitre. Emotions. Paroxysmal arhythmia.
2. Nervous and cerebral.....		Meningitis—simple and tuberculous. Apoplectic stroke. Hemorrhage—cerebral or meningeal; cerebral tumors. Compression of vagus by tumors.
3. Reflex.....		Diseases of intestine, uterus, stomach, etc. Arhythmia from cold.
4. Toxic		Digitalis, tea, coffee, tobacco, abuse of alcohol, etc.
5. Critical arhythmias of acute diseases.....		Convalescence of typhoid fever, at the moment of defervescence of pneumonia and other acute diseases.
6. Arhythmias of Cardiopathies.....	(1) Valvular	Insufficiency of mitral chiefly. Stenosis of the mitral.
	(2) Myocardial	(*a*) Acute myocarditis in typhoid, grippe, variola, etc., chronic myocarditis. (*b*) Senile arhythmia—degeneration and overcharge of fat of the heart. (*c*) Arterial cardiopathies. (*d*) Endocarditis, pericarditis, adhesions of the pericardium. (*e*) Insufficiency and stenosis of the aortic valves of arterial origin. (*f*) Sometimes angina with concomitant cardiosclerosis.

After an interesting consideration of these various forms, he says: "The conclusion may be drawn that an arhythmic pulse, perhaps in the majority of instances, may not be of serious import; it is, at the same time, so often the result of grave, nervous or cardiac change that its recognition should certainly be the signal for a careful investigation as to its probable origin.

"Finally we may say:

1. That the prognosis in arhythmia of purely neurotic origin is more favorable, so long as the patient is unaware of the disordered heart beat, since anxiety and worry have a marked tendency to increase the trouble.

(2.) That an arhythmia which is present only occasionally is of less importance than one which is persistent.

3. That the disappearance of an arhythmia upon exertion is, of course, favor-

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able, while one which becomes more marked is correspondingly unfavorable, as indicative of myocardial incompetency.

4. That, generally speaking, an allorhythmia (rhythmic arhythmia) is of graver prognosis than irregular arhythmia, since this form is so often associated with myocardial degeneration."

AN EXPEDIENT TO DETERMINE POSITIVELY WHETHER COMMUNICATION EXISTS BETWEEN A FISTULOUS OPENING IN THE LUMBAR OR HYPOGASTRIC REGION AND THE KIDNEY OR BLADDER.—(*Jr. Cutan. and Genito-Urinary Dis.*, January, 1898.) Dr. Orville Horwitz. The administration of methylene blue, tinges the urine a deep blue color, and if a fistulous communication exists with the kidney or bladder the dressings would be stained blue. If not, the inference would be that there was no connection.

In the same journal, in a study of "Pathological physiology of renal retentions," Drs. Guyon and Albarran report that in studying the passages of methylene blue in one case of uronephrosis the unsound kindey did not eliminate it; in another where iodid of potassium readily passed, there was a faint coloration of blue.

ALKAPTONURIA.—(*N. Y. Med. Jour.*, *Phil. Med. Jour.*) Futcher reports an interesting case of alkaptonuria. The patient, a man of 57 years, had been repeatedly refused by insurance companies upon the ground that he had diabetes. A specimen of his urine was found to have a very dark color, acid reaction and specific gravity of 1023. A few drops added to boiled Fehling's solution caused the latter to turn immediately an inky, brownish color, and upon further boiling, there was a distinct reduction of the copper sulphate. The fermentation, bismuth and phenylhydrazin tests were all negative. The polariscope showed no deviation. Bile was not present. As the presence of alkapton was suspected, the following two tests were subsequently employed. Upon the addition of a few drops to a solution of chlorid of iron, there was a transient bluish-green coloration. Upon the addition of a few drops to a solution of silver nitrate in ammonia, metallic silver was deposited upon the sides of the test-tube. Urea and uric acid were present in normal amounts, although somewhat less than the average. The treatment of the condition is entirely negative. It produces no symptoms and is not injurious, and is chiefly important in regard to the question of life insurance.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

TOTAL EXTIRPATION OF THE STOMACH.—(*St. Louis Medical Review.*) That the stomach may be completely removed without seriously changing the metabolism and nutrition of animals has been demonstrated a number of times. How long an animal will live in good health without a stomach is still a matter of doubt, as the time which has elapsed since the institution of this line of experimentation has been too short to form a final opinion. The celebrated "Czerny dog" whose stomach was removed by Czerny in 1878, lived five years and was then killed for anatomical investigation. The post-mortem showed, however, that a small part of the cardiac extremity of the stomach had not been excised and a small sac, with gastric functions, had been formed from this remnant of the stomach. Excepting the case which forms the subject of these lines, the

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gastrectomies performed on the human subject have never been complete; a small part of the cardiac extremity always remained attached to the œsophagus. It was considered by gastrectomists impracticable to remove the entire cardiac extremity of the stomach as it seemed very difficult to pull down the œsophagus sufficiently for the total extirpation of the organ. The first, and, so far, only total gastrectomy, was performed about three months ago by Dr. Carl Schlatter, of Zürich. In Dr. Schlatter's patient it was possible to sufficiently pull down the stomach to sever the cardiac extremity in œsophageal tissue. Two conditions may have contributed to this, in a carcinomatous stomach, unusual condition. In the first place, the organ was readily movable and, secondly, the weight of the carcinomatous stomach may have dragged down the œsophagus more than usual. According to Schlatter, the prosector at the University of Zürich has determined in his investigations in the dissecting room that the lower subdiaphragmatic portion of the œsophagus can always be elongated by traction. According to these investigations it would appear that where a carcinomatous stomach is freely movable, as in Dr. Schlatter's patient, a total extirpation of the organ is usually feasible. In reporting the case, Dr. Schlatter stated that he made considerable traction in pulling the stomach downward before severing the œsophagus. His patient was in relatively good condition three months after the operation. Microscopic examination of the specimen showed the neoplasm to consist of a small celled alveolar glandular carcinoma. As the case is the only known total ablation of stomach that has ever been performed upon a human subject, considerable interest is attached to it from a physiological standpoint and scientific investigations with reference to physiological functions have been conducted at the chemical, physiological and pathological laboratories of the University of Zürich. The conclusions based upon these investigations have been briefly summarized by Dr. E. C. Wendt, in a discussion of the case in the *Medical Record* of December 25, 1897, as follows:

1. The human stomach is not a vital organ.

2. The digestive capacity of the human stomach has been considerably overrated.

3. The fluids and solids constituting an ordinary mixed diet are capable of complete digestion and assimilation without the aid of the human stomach.

4. A gain in the weight of the body may take place in spite of the total absence of gastric activity.

5. Typical vomiting may occur without a stomach.

6. The general health of a person need not immediately deteriorate on account of removal of the stomach.

7. The most important office of the human stomach is to act as a reservoir for the reception, preliminary preparation, and propulsion of food and fluids. It also fulfills a useful purpose in regulating the temperature of swallowed solids and liquids.

8. The chemical functions of the human stomach may be completely and satisfactorily performed by the other divisions of the alimentary canal.

9. Gastric juice is hostile to the development of many micro-organisms.

10. The free acid of normal gastric secretions has no power to arrest putrefactive changes in the intestinal tract. Its antiseptic and bactericidal potency has been overestimated.

THE TREATMENT OF SPRAINED ANKLE.—(*Phila. Med. Jour.*) Dr. Jno. H. Gibbon. The method of making compression by means of narrow strips of adhesive plaster, in cases of either old or recent sprains of the ankle, introduced by Gibney, of New York, has proved very satisfactory in the Out-Patient

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Department of the Pennsylvania Hospital. The strips are three-fourths of an inch wide, somewhat narrower than recommended by Gibney, with the object of avoiding creasing in their application. The strips should be applied quite firmly; the first, beginning at the base of the big toe, should pass across the dorsum of the foot, along its outside, around the lowest portion of the posterior surface of the heel, then along the inside of the foot, and finally cross itself in the center of the dorsum, and end at the base of the little toe. The next strip should pass from a point about four inches above the internal malleolus and at the back part of the internal surface of leg, around under the heel, and end at a point on the outside of the leg, corresponding to that of its commencement. The next strip should correspond in direction to the first and overlap it about one-fourth inch, and the next should be vertical and overlap the first strip applied in this direction. This should be kept up until the entire ankle and dorsum of the foot are covered, and if the strips are firmly applied it will be found that with the additional support of a muslin bandage the patient will be able to stand, and perhaps walk, with very little pain. The bandage not only gives more support to the part, but also prevents the loosening of the adhesive strips, and the discomfort caused by their adhering to the patient's stocking. This has proved a most satisfactory ambulant treatment of these cases; it is not a clumsy dressing, nor is it heavy, and in addition it prevents the edema of the part which is so likely to take place under the ordinary bandage-dressing.

LOCAL ANESTHESIA.—(*Phila. Med. Jour.*) Probably one reason why local anesthesia from cold is unsuccessful is because it is not kept up for a sufficient length of time. For instance, in the application of ethylchlorid or anestile (a combination of the chlorids of ethyl and methyl) which has proved so useful to the dispensary surgeon, the freezing mixture should be applied until the skin to be incised turns perfectly white. If the incision is made before the skin is thoroughly frozen, the patient is sure to suffer pain, and the surgeon is likely to condemn the anesthetic. When the skin is slow to freeze, often simply touching it with a pointed steel instrument, such as the point of the knife, will make the tissue suddenly turn white, an indication of complete anesthesia of the skin. The freezing mixture should be applied only to a perfectly dry skin, and as far as possible in an atmosphere free from moisture. Blowing upon the skin while the anesthetic is being applied hastens its evaporation and aids the freezing of the part.

COLLES' FRACTURE OF THE RADIUS.—(*Phila. Med. Jour.*) The old Bond splint continues to hold first place in the treatment of this fracture in most of the Philadelphia dispensaries. At the Polyclinic Hospital, in Dr. Morton's clinic, the splint is used without the leather sides. In this clinic, after complete reduction is made, the arm is placed on the Bond splint, with a pad, made of lint, under the lower end of the upper fragment, and another on top of the lower fragment. The arm is dressed every other day, and the wrist and all the finger-joints are put through their various motions, while the bone is held firmly at the seat of fracture. The movements of the hand and fingers are started at the second dressing, that is the next after the primary dressing. The splint is usually removed between the third and fourth week, and after this simply a muslin bandage is applied for about a week or ten days, during which time the patient comes as often as before, in order that massage may be used. From the beginning the patient is instructed to move the fingers as much as the splint and bandage will permit. Occasionally, when there is a tendency to stiffness of the part, the hot-air oven is used in conjunction with the massage. The rapid return of function under this treatment has been most satisfactory.

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OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

TREATMENT OF PUTRID ABORTUS, HEMORRHAGIC ENDOMETRITIS, ETC.—Pincus considers steam almost a specific for these conditions. He uses a wooden speculum and injects a stream of steam at 100° C., for two minutes (*Wien. klin. Rundschau*, October 10). This treatment is enthusiastically endorsed at Prague, where it is extensively applied. The *technique* there is described in an article in the *Presse Méd.*, of October 2. Schick prefers boiling water, which he injects into the uterus for one minute and never more than a minute and a half. To prevent burning the vagina, he injects a constant stream of ice water into the vagina at the same time. The uterus is first dilated and the patient put to sleep; she is also kept in bed until the eschar falls, which requires about three weeks. The wick of gauze in the vagina is changed every four or five days, and the vagina irrigated occasionally. No accidents or inconveniences were observed at any time. In rebellious hemorrhagic endometritis, hemorrhage after curettement of uterine cancers or after abortion, and the metrorrhagia of the menopause, this treatment has proved a perfect hemostatic. In the first named, two cauterizations at an interval of a month or six weeks, have sometimes been required before the cure was complete.

OPERATION FOR THE PREVENTION OF CONCEPTION.—A woman who was still young had fallen into a state of grave anemia after seven successive confinements, and Dr. Kehrer, professor of obstetrics and gynecology at Heidelburg, performed the following operation, according to *La Semaine Médicale*, in order to prevent further pregnancies: By a median vaginal incision he penetrated the peritoneal cavity; then drawing the tubes into view, he placed around them two catgut ligatures. This done, he performed vaginal hysteropexy immediately above the internal orifice of the uterus, introducing into the vesico-uterine cavity a strip of gauze and suturing the wound into the vagina so as to leave a small opening for the passage of the drainage. Apart from a little fever and slight suprapubic pain there were no sequelæ. This process of artificial sterilization possesses the advantages over castration of being a less serious operation, and of not bringing in its train the nervous troubles that double ovariotomy does. Dr. Kehrer thinks this could be done in certain grave affections (anemia, pulmonary and cardiac lesions) which render pregnancy dangerous. He acknowledges that from a moral point of view the legitimacy of this operation could be questioned, and believes it ought not to be performed without the written consent of the parties concerned and a statement of the motives for such intervention. (Some recent studies by Ries, of Chicago, as to the perviousness of the tubes after ligation, make the reliability of this operation questionable.)

INTERNAL SECRETION OF THE OVARY.—A study conducted by Drs. Curatullo and Tarulli is reported in the *Annali di Ostetricia e Genecologia* of October, 1896, and referred to in the *Brit. Gyn. Journal*, February, 1897.

This is a clinical and experimental study of a subject of which very little is known beyond general principles. Of the physiological chemistry involved we know almost nothing beyond what the increase or the decrease of certain elements in the excretions permits us to guess.

Semiramis, queen of Assyria, is said to have been the first to cause the sexual glands to be removed, and Nebuchadnezzar had all his prisoners of war castrated

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before using them as servants. The priests of Diana of Ephesus were obliged to be castrated. Among the Christians, Valesus founded a sect which held castration indispensable before becoming a priest. The Hottentots had a custom of removing one testicle to render themselves more speedy in running. The ancients used to remove the ovaries of young girls, so that they might retain their youthful state for a long time. Aristotle, Pliny, and Galen all mention the castration of female animals, such as sows. That eunuchs were relieved from attacks of certain diseases is shown by Hippocrates, in his "Eunuchi non Laborant Podagra." The priests of Cibele treated mania by castration. Galeno advised it, especially for leprosy, and in the 17th century it was practised for many diseases.

In our time castration of women has been extensively practiced; for instance, by Kelly for severe uterine colic occurring at every menstrual period; by Lawson Tait in menstrual epilepsy, in hystero-epilepsy, and in hysteria. Some have practiced castration to procure sterility, and to prevent reproduction of hereditary mania, and Keppler, at the 1891 Berlin Congress, advanced the idea that "matrimony with a castrated woman is the ideal type of Malthusian matrimony, and is the sole manner of practicing Malthusianism without compromising the health and happiness of the parties concerned." Spencer Wells, on the contrary, has strongly decried this excessive use of castration.

Ablation of the ovaries has given good results in fibrous tumors of the uterus, before the *technique* of extirpation had been developed by Martin and others to its present state. This was advised by Battey in America, Hegar in Germany, and expanded by Lawson Tait by taking the tubes away also, and it has acted by stopping the chief symptom—the hemorrhage. But it is in osteomalacia, a disease whose pathology is still obscure, that ovarisectomy is at present attracting the most notice, because all other remedies have failed, and this seems to offer relief.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASE OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

GOUT IN EAR TROUBLES.—(*Laryngoscope, Vol. 4, No. 2.*) Gelles, Jr., states that the lesions, which are usually of acute form, generally catarrhal otitis media, without suppuration, extending to the middle ear and exhibiting redness of the tympanum and of a portion of the bony wall, with immobility of the chain of ossicles, are really a form of auricular gout. . . . In many gouty patients there is only a calcareous deposition into the tympanic membrane, or attacks of deafness with vertigo and tinnitus, the vertigo being of labyrinthine form. These manifestations are met with not only in distinctly gouty subjects but also in those who have inherited a tendency to this affection. Constitutional as well as local treatment is recommended.

ASTHMA AND INSANITY.—(*The Physician and Surgeon.*) Warren, in a short and practical article on asthma, calls attention to the close relationship asthma often bears to insanity and the neuroses, and that very often the asthmatic attack takes the place, in insane patients, of a neurotic attack.

DR. RUMBOLD, SR., says that the functions of the middle ear muscles are to select and amplify such sounds as the listener desires to hear most distinctly; making it appear that the ears have muscles of accommodation quite analagous to those of the eyes.

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TIC, CLINICAL AND PATHOLOGICAL INTERPRETATIONS OF.—(*Med. News*, Dec. 11, 1897.) Jacobi states that he has observed a great many cases which were caused by degeneration of the mucous membrane and submucous membrane of the nose. This, he claimed, was due to the intimate connection of the outlying branches of the trigeminus with possible reflexes—many cases were cured by nasal and post-nasal treatment. He is convinced that epileptic attacks may be due to nasal irritation.

COUGH—CAUSES OUTSIDE THE LUNGS.—(*Laryngoscope*, Feb., 1897.) Barnhill gives as the principle reflex causes:

In the ear—Impacted cerumen, foreign body, cholesteatoma.

Nose—Hypertrophies, septal spurs, polypi, foreign bodies and crusts of atrophic rhinitis.

Naso-pharynx—Adenoids, polypi and other growths.

Pharynx—Elongated uvula, granular pharyngitis, hypertrophy and other diseases of the tonsil.

Glosso-epiglottic spores—Enlarged lingual tonsils and varicose veins or a too greatly curved epiglottis.

Larynx—Mucus or pus, congestions and thickening of mucous membrane, papilloma or other growths.

Other parts of the body—pressure or irritation of the vagi is the most frequent cause.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

(Regular meeting, Jan. 21, 1898, the President, Dr. E. A. Praeger, in the chair.)

Dr. Stanley P. Black read a paper on Actinomycosis, (page 41).

DISCUSSION.

Dr. Geo. W. Lasher: I have seen but four cases. The first case involved the lung: there was a fistulous opening between the fourth and fifth ribs on the right side. The discharge contained the characteristic yellow granules which I did not recognize until they were pointed out. It is generally classed among the granulomata, but I do not know whether it is caused by bacteria or fungi. It is not surprising that there is so large an amount of granulation tissue and so little pus since the actinomyces is not pyogenic. It was formerly classified as sarcoma which is not strange, since it has many of the characteristic features of that growth. When I first saw this case, the enlargement felt like osteo-sarcoma, but I have never seen primary sarcoma or osteo-sarcoma on both sides at the same time. As the woman had a tubercular history, it seemed possible that it might be due to that cause. The other cases I saw were in Chicago; the treatment was by tonics and repeated surgical operations, removing the affected part. In one case, a large part of the side of the face and jaw-bone were removed; do not know whether he finally succumbed or not. I talked with a veterinary surgeon on the subject, and he said the majority of cases were cured by iodide of potassium, and since it is so successful in animals, we may expect the same results in man.

Dr. Milbank Johnson: My experience in the human is limited to this case. Among the cattle in Texas, we had a good deal of it; our treatment was prompt and effective—we shot every animal affected. It was not very contagious; we would find cattle in advanced stages yet others were not affected.

Dr. Wm. Dodge: How is milk affected in a cow having this disease?

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Dr. Black: I have seen rather more cases of actinomycosis than most physicians in purely medical practice, These have occurred in the practice of Drs. Fenger, Senn, Murphy, Ochsner, and others, consequently I have always been on the alert to recognize it. In my own practice I have had only one case in addition to the two cases here reported. This case was exhibited to the Chicago Medical Society, in 1894, entirely cured by the iodide after four weeks' treatment. In reference to the exact classification of the organism, it was originally placed under fungi. Murphy, in 1892, regarded it as a cladothrix and proposed the name actinocladothrix. Recent bacteriologists regard it as a polymorphous bacillus.

The gunshot treatment employed by Dr. Johnson on his ranch, while very effective, would be rather expensive compared to the iodide. Salmon states that while the drug is expensive, costing $3.00 a pound, yet rarely is it necessary to give over a pound to each animal and consequently the saving is very considerable.

As regards the question of Dr. Dodge, as to the danger of milk and meat infection, I think that the likelihood of such infection is comparatively slight. The organism, on account of its size, requires more than a microscopic wound to gain access to the tissues and consequently must be carried into the tissues by some sharp substance, as a sharp straw or barb of barley, etc.

In closing, I want to express my gratitude to Dr. Bridge for the privilege of presenting the patient here tonight, and to the College of Medicine in allowing the use of their microscopes for the exhibition of the slides.

ROSE T. BULLARD, Secretary.

ORANGE COUNTY MEDICAL ASSOCIATION.

(Regular Meeting, February 1, 1898, at the office of Dr. J. M. Lacy, with the president, Dr. J. E. Crane, in the chair.)

The retiring president, Dr. Crane, in lieu of an annual address, gave an account of an interesting case of appendicitis in which the onset had been very sudden, followed at once by great depression of the vital powers, so great, indeed, that for one and a half hours death was expected to ensue. The case proceeded to an uninterrupted recovery. There was no tumefaction at any time.

The discussion was principally in regard to the advisability of an operation for the removal of the appendix, the society being divided in its opinion concerning it.

Dr. Dryer reported a case of imperforate anus, in a newly born male child, which he saw in consultation, 36 hours after its birth. There seemed to be a filamentous process of the gut extending along under the raphe to the posterior surface of the scrotum, terminating in a bulb-like body half as large as a pea. This was opened and a canal searched for, without success. The doctor then chloroformed the patient and proceeded to manufacture an anus for him. The gut was found at a depth of three-quarters to one inch, and opened, a copious movement of meconium following immediately. No sphincter muscles were found. Since the operation the bowels move regularly and the nurse daily dilates the opening made to prevent stricture. The anomaly described is said to occur about once in 7,200 births.

Dr. Allingham reported the case of a woman who had maggots in the nasal cavity and contiguous territory. By post-nasal injections of kerosene, assisted by insufflations of calomel, he removed over 200 of them. The objective symptoms were those of meningitis, but the discovery of the living maggots cleared up the diagnosis. The woman recovered.

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Dr. Berneike reported the case of a man who had a supposed polypus in his ear. Upon removal it proved to be a large sheep-tick. It had been in the ear two months and had caused no bad symptoms, the only one noted being a roaring sound in the ear.

After the transaction of the business of the evening, Dr. Allingham was installed as president for the ensuing year; Dr. Berneike, vice-president; Dr. Dryer, treasurer; Dr. Cook, secretary.

J. B. COOK, Secretary.

SUMMARY OF THE WEATHER AT SANTA BARBARA FOR THE YEAR 1897.

The mean temperature of the year was 59.6°, being 0.2° below the average in 15 years; that of the three winter months 53.9°, of the spring 57.3°, of the summer 64.8°, and of the fall 62.7°.

The highest temperature during the year was 93°, September 21st; and the lowest 32°, December 20th. It was above 80° on 22 days.

Of the 365 days in the year, 260 were recorded as clear, 59 as fair and 46 as cloudy.

Rain, to the amount of one-tenth of an inch fell on 22 days; and the total rainfall was 12.19 inches; which is but 68 per cent. of the average. There was no rain between March and October, and none in November and December.

The average velocity of the wind was 4.2 miles per hour, and the greatest movement in one day (24 hours) 310 miles on June 15th.

Santa Barbara, January 1, 1898. HUGH G. VAIL.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Jan. 4, 1898, the following certificates were granted:

ANDREWS, J. A., 4781, Santa Barbara, Coll. Phys. & Surg., New York, Mar. 1, 1876.
BARR, E. E., 4782, Los Angeles, Rush Med. Coll., Ill., Mar. 24, 1893.
BARTON, H. P., 4783, Los Angeles, Jefferson Med. Coll., Penn., Apr. 2, 1890.
BOLTON, W. T., 4784, Redlands, Jefferson Med. Coll., Penn., Mar. 31, 1882.
BOWER, W. G., 4785, San Francisco, Soc. Apoth., London Eng., 1886; Royal Coll. Phys., London, Eng., 1887; Royal Coll. Surg., Eng., 1887.
BUCK, LOUIS, 4786, Portland, Or., Med. Dept. Univ. Oregon, Apr. 5, 1897.
BUSSING, JAMES, 4787, Morgan Hill, Coll. Phys. &. Surg., Keokuk, Ia., Feb. 13, 1877.
CAROLAN, HERBERT, 4788, San Francisco, Bellevue Hosp. Med. Coll , N. Y., Mar. 25, 1895.
COATES, LOUIS P., 4789, San Francisco, Med. Dept. Univ. Penn., May 1, 1885.
GORDON, F. H., 4790, Los Angeles, Rush Med. Coll., Ill., Mar. 31, 1891.
HOWE, P. P., 4791, Los Angeles, Med. Dept. Univ. Wooster, O., Aug. 2, 1893.
KARRMANN, E. W., 4792, Pasadena, Med. Dept. Univ. City of New York, Mar. 11, 1884.
LATTERNER, F. H., 4793, San Francisco, Med. Coll. of Ohio, Apr. 6, 1893.
MATTISON, F. C. E., 4794, Pasadena, Coll. Phys. & Surg., Chicago, Ill., Feb. 28, 1888.
MOUTOUX, JOSEPH E., 4795, Oakland, Louisville Med. Coll., Ky., Mar. 25, 1896.
QUEIROLO CÆSAR, 4796, Oakland, Univ. Geneva, Switzerland, June 11, 1897.
RANKIN, JOHN E., 4797, Stockton, Med. Dept. Univ. Buffalo, N. Y., Mar. 24, 1891.
ROCKEY, ALPHA E., 4798, Portland, Rush Med. Coll.. Ill., Mar. 31, 1891.
SNYDER, SAMUEL C., 4799, Scranton, Pa., Medico-Chirurg. Coll., Pa., May 12, 1896.
STRATTON, E. G., 4800, Orting, Wash., Detroit Med. Coll., Mich., Mar. 20, 1888.
STRICKLAND, M. C., 4801, Oregon City, Or., Jefferson Med. Coll., Pa., Apr. 3, 1889.
THORNE, JOHN M., 4802, Los Angeles, Jefferson Med. Coll., Pa., April 2, 1886.
THORPE, ARTHUR C., 4803, San Gabriel, Med. Dept. Univ. Minnesota, June 3, 1897.
ZEILE, EUGENE, 4804, San Francisco, Univ. Wuerzburg, Bavaria, Germany, June 30, 1897.

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COOPER MEDICAL COLLEGE, CALIFORNIA.

ANTHONY, A. S., 4805, San Francisco, (Lien Certificate) Dec. 6, 1894.
ARNOLD, MARY L. H., 4806, Stockton, Dec. 8, 1897.
BEASLEY, S. O , 4807, San Francisco, Dec. 8, 1897.
BORLAND, ROBT., 4808, San Francisco, Dec. 8, 1897.
BROOKE, WM. A., 4809, San Francisco, Dec. 8, 1897.
BROWN, EFFIE A., 4810, San Francisco, Dec. 8, 1897.
DELAPPE, FRED R., 4811, Santa Rosa, Dec. 8, 1897.
DIGGINS, EDWARD A., 4812, San Francisco, Dec. 8, 1897.
FALK, CHAS. C., 4813, Eureka, Dec. 8, 1897.
FALK, CURTIS O., 4814, Eureka, Dec. 8, 1897.
FLETCHER, HENRY D., 4815, Rocklin, Dec. 8, 1897.
GIBBONS, MORTON R., 4816, San Francisco, Dec. 8, 1897.
GRAVEM, K. L. JR., 4817, Stockton, Dec. 8, 1897.
GROSS, LOUIS, 4818, San Francisco, Dec. 8, 1897.
HAIDO, KATENGARO, 4819, San Francisco, Dec. 8, 1897.
HALL, ESTER P, 4820, Petaluma, Dec. 8, 1897.
HAMMOND, ROBT. T., 4821, San Francisco, Dec. 8, 1897
HARDIN, ANDREW E., 4822, San Francisco, Dec. 8, 1897.
HOFFMAN, LAWRENCE H., 4823, San Francisco, Dec. 8, 1897.
HORN, HENRY W., 4824, Oakland, Dec. 8, 1897.
LATHROP, IRA M., 4825, San Francisco, Dec. 8, 1887.
LILLEY, JOHN M., 4826, San Leandro, Dec. 8, 1897.
MACCHESNEY, A. C., 4827, College Park, Dec. 8, 1897.
MANSFELDT, OSCAR, 4828, San Francisco, Dec. 8, 1897.
MARSON, DAVID A., 4829, Mendocino City, Dec. 8, 1897.
PARKER, THOS. VAN V., 4830, San Francisco, Dec. 8, 1897.
PILLSBURY, ERNEST S., 4831, San Francisco, Dec. 8, 1897.
POWERS, WM. N., 4832, Seattle, Wash., Dec. 8, 1897.
RICKEY, REA DE PUE, 4833, San Francisco, Dec. 8, 1897.
SPENCER, WM. O., 4834, San Francisco, Dec. 8, 1897.
STEINWARD, O. W., 4835, Fresno, Dec. 8, 1897.
SWEENEY, ALBERT H., 4836, San Francisco, Dec 8, 1897.
TRASS, CHESTER J., 4837, Red Bluff, Dec. 8. 1897.
THOMPSON, HUGH J., 4838, San Francisco, Dec. 8, 1897.
TRENHOLTZ, CLARENCE A., 4839, Oakland, Dec. 8, 1897.
VON DER LEITH, H, O., 4840, San Francisco, Dec. 8, 1897.
WORTHINTON, LOIS, 4841, San Francisco, Dec. 8, 1897.
YOUNG, WM. J., 4842, Stockton, Dec. 8, 1897.

CHAS. C. WADSWORTH, M.D., Secretary, 1104 Van Ness Ave.

THE CARE AND FEEDING OF CHILDREN. A Catechism for the Use of Mothers and Children's Nurses. By L. Emmett Holt, M.D., Professor of Diseases of Children in the New York Polyclinic; Attending Physician to the Babies' Hospital and the Nursery and Childs' Hospital, New York. Second edition, revised and enlarged. New York. D. Appleton & Company. 1897.

This is a valuable and sensible little book, designed for instruction to mothers and nurses, as to how to manage healthy infants. It insists upon seeking the advice of the physician when the children become ill. It does not foster independence of medical skill, but will act as a prophylactic in that it treats of the proper care of the well child. The proper directions as to bathing, nursing, airing, clothing and feeding of infants should be known to all nurses and mothers. The modification of cows' milk and the preparation of artificial food for the baby receives concise, accurate and full descriptions. Directions are given as to the management of diet up to the fourth year. This book has the double advantage of being both an expert and a safe guide.

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

THE SUCCESSFUL PHYSICIAN.

The ultimate aim of medical progress is relief of suffering or the cure of disease, not pathology as an abstract science, but therapy as an applied science. To be successful in this it is essential to study not alone the disease, but the diseased patient. No doubt but that a great deal of the success that attended the physician of the old school was due to his thorough understanding of the individual, and hence his ability to manage the man, even though he ofttimes was ignorant of what was the trouble. Idiosyncrasy, heredity and environment are factors which modify both the cause of disease, and the action of drugs. It is not all of medicine to name the malady, diagnosis has a wider meaning; it should include how the patient is affected in his varied organs and functions, how long their impairment is apt to continue and what will be the ultimate result of the injury. All these questions are aimed at one thing—the healing of the sick; or if that is impossible, the mitigation of suffering. The verification of the diagnosis is of little moment, the restoration of health is the desideratum. To attain this a closer study of the patient will reveal clearer indications for treatment. It is possible with but a small knowledge of pathology, and a clear conception of therapeutic indication to handle a case with a good degree of success. This is not the day of medical nihilism. The doctrine that it will be all the same no matter

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what is done, or that one course of treatment is as good as another, is fallacious. As many failures are due to lack of a correct appreciation of the best remedies in a given particular instance, as are occasioned by the fact that there is nothing which could avail. Right here arises the greatest benefit from consultation. Both men may be equal in all respects, but the consultant may know of some drug that will fit the individual case better than those already used by the attending physician. Often we hear this remark, "Medicine is largely a humbug. A score of remedies is all that one really needs." The score may do for ninety and nine cases, but the hundredth may be cured by the doctor who has a wide armamentarium, when he would be compelled to suffer or left to die by the physician of the meagre pharmacopeia. To some a headache is a headache only, to others its mode of onset, course, location, degree and probable duration, are properties which determine its nature, cause and rational treatment. But every one of these symptoms are of value only as they are pointers for a correct management. The true physician is a ministering angel to the sick, rather than an animated question point. He is a healer, rather than a mere revealer.

But let not the so-called practical man despise the pathologist. It is from the advances in the microscopy of disease that the best treatment becomes known. Diphtheria has been almost conquered through pathological research. Even the ability to understand symptoms comes from the knowlege of diseased conditions. We would not detract from the pathologist nor magnify the empirical practitioner, but we would plead that the physician be well rounded in his science, and not stop at exactitude in delineation, but press on to success in medicine, even as Sand, Sense and Science are the essentials of the surgeon, so do Talent, Tact and Therapy make the physician.

EDITORIAL NOTES.

THE Pasadena Medical Association discussed scarlet fever at their last meeting.

DR. GEO. L. COLE has been spending some weeks in the east in post-graduate work.

DR. C. F. MILLER, of Ventura, has removed to Simi for the practice of his profession.

DR. HELEN O. ANDERSON has recently located in Los Angeles and has her office in the Grant block.

E. B. TREAT & Co. announce that the 1898 "International Medical Annual" will be issued soon.

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DR. J. B. MURPHY, of Chicago, is spending a month in Southern California.

DR. E. W. FLEMING was married February 14, to Miss Francesca Alexander. The PRACTITIONER extends best wishes and congratulations.

DR. H. M. POMEROY, formerly of Los Angeles, who has just finished a year's post-graduate work in New York, has located in San Diego.

THE public schools of Pomona were closed for one week, beginning February 8, on account of scarlet fever, by order of the Board of Health.

AT the January meeting of the Pomona Valley Medical Society, Dr. G. A. Broughton, of Chino, presented the subject of valvular disease of the heart.

THE *Pacific Record of Medicine and Surgery* has added to its list of Associate Editors, Drs. D. W. Montgomery, Leo Newmark, F. Dudley Tait and Philip K. Brown.

THE *American Medico-Surgical Bulletin* is to be congratulated on securing as editor Dr. Horatio C. Wood, the well-known authority on materia medica and therapeutics.

DR. W. GOLDEN MORTIMER, 504 W. 146th street, New York, is preparing a work on Coca and asks the co-operation of all physicians having experience in its administration. He will send blanks on application.

THE *International Medical Magazine* has changed management, the new editor being Walter L. Pyle, A.M., M.D. The January number shows that it is to be kept up to its former high standard with additional attractions.

A PHYSICIAN wishes to dispose of, at a sacrifice, a set of Keating's Diseases of Children, cost $20.00; also a Physiological and Anatomical Manikin, cost $35.00. For information apply to the PRACTITIONER, 245 Bradbury Block.

THE Fifth Annual Meeting of the American Medical Publishers' Association will be held in Denver, on Monday, June 6, 1898 (the day preceding the meeting of the American Medical Association). Editors and publishers, as well as every one interested in medical journalism, cordially invited to attend and participate in the deliberations. Several very excellent papers are already assured, but more are desired. In order to secure a place on the program, contributors should send titles of their papers at once to the secretary,

CHAS. WOOD FASSETT,
St. Joseph, Mo.

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AT the Doctors' Social Club, in January, Dr. Geo. L. Cole read a paper on "The characteristics of a successful physician." At the February meeting, Dr. L. M. Powers read a paper on "The milk-supply of Los Angeles."

IN A LODGE in this city, composed exclusively of women, it was desired to have a lodge physician at $1.00 per year for each member of the lodge. To the credit of women physicians let it be said, one could not be found who would accept the position; however a man was easily secured, so the place is filled.

THE American Academy of Medicine has sent out an interesting preliminary program for their 23rd Annual Meeting to be held in Denver, June 4 and 6, 1898. Many of these papers are planned for the discussion of "The Physiologic Side of the Education of Youth," the special theme suggested for the meeting.

THE Kern County Medical Association, comprising all of the doctors of Bakersfield, has adopted a plan by which all the accounts of the members will be turned over monthly to collection agents who are to collect and receipt for money due any doctor. It is thought that this will be an improvement on the go-as-you-please plan of accounts usually followed by doctors.

THE editors of the *Journal of Nervous and Mental Disease* announce certain changes in the methods and scope of the journal for the year 1898, which will render it more serviceable to the general medical practitioner, enabling him to keep fully informed of the progress in neurology. Also, during the year, in addition to the regular monthly numbers of the journal, they intend to produce two or more extra numbers, containing elaborate articles of clinical or pathological importance, fully illustrated.

BOOK REVIEWS.

AN EPITOME OF THE HISTORY OF MEDICINE. By Roswell Park, A.M., MD., Professor of Surgery in the Medical Department of the University of Buffalo. Based upon a course of lectures delivered in the University of Buffalo. Illustrated with Portraits and other Engravings. Philadelphia, New York, Chicago. F. A. Davis Co., Publishers. 1897.

This is another book, that when the reviewer sits down to review, he forgets all about his purpose and reads it clear through before expressing any opinion thereon. If all works were as interesting the task of the reviewer would be a pleasant one. The march of medicine from superstition to science is really the history of human error and human discovery. The combat between struggling science and bigoted theology is clearly drawn. Progress alone began when medicine was divorced from theology. For only when divorced from the prejudices and superstition of all kinds of theology—pagan and so-called Christian—did medicine make more than a barely perceptible progress. Man as a race, as

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well as man, the individual, learns most through his mistakes. The retrospect, which tells of the gross errors of the past, has there a practical utility in pointing out *what not to do*. The reaction against the expectant method of treatment has already set in. It will be wise then to carefully consider the failures of the past before essaying new ventures in the future.

In these days of fadism it would be not a bad idea for the intelligent layman to read this work, that he may contrast the earnest scientific endeavors of the conscientious physician, with the crude efforts of his ancestors, and with the superstitious and credulous worship of nonsense on the part of the crack-brained public, from the moonshine of high dilution, Homeopathy, the fanaticism of so-called Christian Science, the overweening egotism of the fractionally educated Osteopath to the out and out paganism of the African voodoo.

Physicians themselves should become more familiar with the history of medicine. It is, indeed, the ideal profession. A perusal of such a book as this will give a better idea of the true dignity of the physician's work.

ABOUT CHILDREN. Six lectures given to the nurses in the Training School of the Cleveland General Hospital in February, 1896. By Samuel W. Kelly, M.D., Professor of Diseases of Children in the Cleveland College of Physicians and Surgeons (Med. Dept. Ohio Wesleyan Univ.); Pediatrist to the Cleveland General Hospital; Consulting Physician to the Cleveland City Hospital; President, 1896 and 1897, Ohio State Pediatric Society; Editor *Cleveland Medical Gazette*. 180 pages. Price, in buckram, postpaid, $1.25. Cleveland: The Medical Gazette Publishing Company. 1897.

Six sensible talks about children to those who are to take care of them, are not only of use to nurses but to parents, and even practitioners and medical students.

Lecture I. Treats of literature and anatomy.

Lecture II. Defines terms, development and physiology.

Lecture III. Describes pathological conditions.

Lecture IV. Gives a sensible and safe description of symptoms, and their interpretations adapted to the apprehension of laymen.

Lecture V. Speaks of nursing and general management of sick children. It especially warns against nostrums, and use of stimulants, tea and coffee.

Lecture VI. Discusses pasteurizing, sterilizing and modifying milk, artificial feeding, besides general remarks in the disposition, habits and management of children.

On page 139, it describes the method of disinfecting with sulphur. In a foot note it speaks of the use of formaldehyd gas—a method which it hopes will be thoroughly destructive of germs and convenient for use. Lecture V insists strongly on the dangerous possibilities in even the mildest scarlet fever cases. All the directions are given to nurses under the charge of physicians. The book, all the way through, has this excellent merit, that it tells what ought to be done in such a way as to foster the idea of dependence on the physician. This is well, for a nurse with the "big head" is a very dangerous creature.

MANUAL OF GYNECOLOGY. By Henry T. Byford, M.D., Professor of Gynecology and Clinical Gynecology in the College of Physicians and Surgeons of Chicago, etc. Second edition. Containing 341 illustrations, many of which are original. Philadelphia. P. Blakiston, Son & Co., 1012 Walnut street. 1897. $3.00

This Gynecology was designed by a practical instructor of students. The essential parts are written in bold type; the unusual, for minor subjects and for details in smaller type. It covers the ground for a two-year lecture course. The first four divisions, diagnosis and treatment; anatomy, development and its anomalies; functional and nervous diseases, are intended for the first year's work. While the remainder, traumatic lesions; inflammation and hyperplasia;

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genital tuberculosis; carcinoma; sarcoma; myoma; fibroma; fibromyoma; cystic tumors, other tumors, and extra-uterine pregnancy, hematocele and hematoma, are subjects intended for advanced students. From the above it will be seen that the ground is pretty well covered. The discussion of neurasthenia, and like disorders, may not technically belong to gynecology, but the intimate association of such conditions, with real or imaginary pelvic disease, renders it eminently proper that these subjects be studied together.

The plan of giving especial attention to those operations which may fall to the lot of the general practitioner, and even going into the details of directions to the nurses in such cases, commends itself to the judgment of the reviewer. The major operations which are more common, are also quite fully discussed, but other severe and exceptional cases are omitted. The system of marginal notes serve both as a guide as to important things contained in the text, and would enable the pupil to more readily fix the facts in his memory.

This book will take a high position in its class, standing well to the front among students' manuals. The well known patient care of the author can be observed even in the concise descriptions and directions necessitated by the broad scope of the manual.

TRAUMATIC INJURIES OF THE BRAIN AND ITS MEMBRANES WITH A SPECIAL STUDY OF PISTOL WOUNDS OF THE HEAD IN THEIR MEDICO-LEGAL AND SURGICAL RELATIONS. By Chas. Phelps, M.D., Surgeon to Bellevue and St. Vincent's Hospitals. With 49 illustrations. New York. D. Appleton & Company. 1897.

According to the preface, this work is designated to be a concise and systematic exposition of the injuries which the brain suffers from external violence, a division of brain surgery which has the greatest practical importance and has received the least careful attention. . . . The lesions which attend pistol shot wounds of the head, have been considered apart from general injuries, as a method more clearly presenting their distinctive characteristics. Their complete history has necessitated an abstract of the results of a series of cadaveric experiments, instituted to determine, for legal purposes, the extent to which the conditions under which they have been inflicted can be predicated from the appearances they present.

These observations have been sufficiently extensive to better define, not only the positive value, but the limitations of medical evidence in such cases than has been heretofore possble.

This portion of the work which directly concerns medical jurisprudence is especially designed for the use of the legal profession in more precisely estimating the proper weight to be given to expert testimony in cases of this character.

The work is divided into two parts:

Part I. Chapters i to vi being devoted to the consideration of general traumatic lesions, classification of injuries of the head, symptomatology and diagnosis, prognosis, pathology and principles of treatment.

More space is given for the discussion of these topics, than should be expected in a special work on a special subject, than is or can be devoted to them in an ordinary surgical text book. These chapters are thoroughly up to date and well repay a perusal.

Part II. Deals with pistol-shot wounds of the head and begins with a consideration of their medico-legal relations, and is concluded by the condensed histories of 300 intra-cranial traumatisms.

This also forms interesting reading, but we somewhat feel inclined to doubt whether it will have any effect in solving a question which always must be

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solved in all cases forming the subject of medico-legal investigation, *i. e.*, 'Was the wound homicidal or suicidal?' It is axiomatic that a homicide can inflict any wound capable of infliction by a suicide, and with certain exceptions and reservations the converse may be equally true.

Doubtless experimentation may help the medico-legal witness to form an opinion as to possibilities, but further than this the honorable, impartial witness cannot say.

The writer calls to mind a case of gunshot wound of the heart which caused instantaneous death and which involved the only person in the room with the deceased, in a trial for murder. The circumstances preceding and following, pointed strongly in the direction of homicide, the direction of the wound at an angle of 34° with the body, the absence of burning, the size of the mark caused by powder grains, which were shown by numerous experiments to be different from what would be expected were the case one of suicide, added to the fact the pistol must have been held in an almost inconceivable manner, and the trigger pulled by the thumb of deceased if it were suicide, and lent color to the charge of murder, and yet the court held that the jury should discard all evidence deduced from experimentation with a similar weapon to that produced at the trial and under supposed similar conditions, and that the point was well taken by the prisoner's counsel, that granting the experiments were properly performed and truthfully detailed, there was nothing to show that the cartridge, which held the fatal bullet, was identical with those used by the witnesses.

It was further contended that in the course of the experiments care had been taken that nothing should intervene between the muzzle of the pistol and the object fired at by which the bullet could be deflected, while in the case which formed the subject of the inquiry there was the possibility, at all events, that even the clothing of the deceased might have deflected the bullet so as to alter the angle of incidence and convert a suicidal wound into one apparently homicidal.

The work is to be commended and should find a welcome place in the library of the surgeon. The only fault to be found is with its tautological title, 'Traumatic Injuries of the Brain.'

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY. A Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, Drawn from Journals, Monographs, and Text Books, of the leading American and Foreign Authors and Investigators. Collected and Arranged by Eminent American Specialists and Teachers. Under the Editorial Charge of George M. Gould, M.D. In one Imperial Octavo Volume of 1077 pages, uniform in size with the "American Text Book" series. Profusely illustrated. Prices: Cloth, $6.50 net; half morrocco, $7.50 net. W. B. Saunders, Publisher, 925 Walnut street, Philadelphia. 1898.

In the American Year-Book of Medicine, of 1896, we recognized the arrival of the fittest; the present 1898 number emphasizes the survival of the fittest. No single work has ever been presented to the medical profession of such sustained merit and magnitude. It is not a mere compilation of the year's work in medicine; that of itself would make a useful and valuable work, it is rather discriminating sifting of the wheat of medical science from the chaff of empiricism, by careful judgment and well considered investigation. It is not a conglomertion of matter by well-read individuals, but it is comprehensive, authoritative summary by specialists recognized as pre-eminent and in many instances the foremost in medical science in America. It is reliable, it is a conscientious production. It neglects nothing, it omits the useless. It is eminently practical, indispensable to the author, of great aid to the teacher, and now easily of prime importance to the practitioner. The medical literature of the world pays tribute to its pages; the original work and advanced ideas find expression here, not,

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however, as a perfunctory condensation, but rather as a judicial criticism. That it is concise, that it is accessible is due to the concerted action of the editors. The general mechanical excellence, clear type, excellent illustrations can be credited to Mr. Saunders. The unity of the work, its plan and scope, and much of its superiority is due to the indefatigable Gould. The name of Gould gives prestige to the Year-Book. The Year-Book honors Gould. An annual summary is a necessity, the vast increase in medical literature in journal, newspaper and text book, renders an adequate comprehension by one individual impossible. No wonder then, that it takes a royal octavo volume of 1077 pages to contain the compendium of medical information. It is, in short, a post-graduate course at home, once enjoyed always to be welcomed.

To consider each article in detail would be as impossible as uncalled for. Pepper and Stengel's résumé of general medicine; Keen and DaCosta's review of general surgery; Hirst and Dorland's compendium on obstetrics, and Baldy and Dorland's discussion of gynecology, necessarily from the subjects considered, occupy a large space, somewhat over half the entire work.

There are three new departments; physiologic chemistry, by Abel, of Johns Hopkins; public hygiene, by Saul W. Abbott, secretary of the Mass. Board of Health; and legal medicine, by Wyatt Johnston, of Montreal. The other contributors are: Storr and Wescott, on pediatrics; Guiteras and Riesman, on pathology; Church, on nervous diseases; Virgil and Homer Gibney, on orthopedic surgery; Hansell and Reber, on ophthalmology; Burnett, on otology; Ingals and Ohls, on diseases of the nose and throat; Darling on cutaneous medicine and syphilis; Griffen and Tillinghast, on materia medica; Hamann, o Cleveland, on anatomy; and Stewart, of Cleveland, on physiology.

Whatever the special work of the physician, he will find in this work the latest and best opinions. For instance, under the head of anesthesia, speaking of primary cardiac failure he advocates, if the usual head-down position does not bring prompt relief, the inducement of artificial respiration with the feet down. Indeed, in primary syncope, he thinks that the feet-up position as increasing the paralytic dilatation of the heart, to be of much more harm than good (p. 268). The oculist, the dermatologist, obstetrician or gynecologist, the specialist, in whatever line, ought to have this book, in order to know, not alone what are the advances in his department, but to have an immediate reference book to the progress in other branches of the healing art. Indeed, we can think of no class of physicians or surgeons who can afford to be without this encyclopedic annual.

DISEASES OF THE EYE AND OPHTHALMOSCOPY. By Dr. Eugen Fick, University of Zurich. Authorized Translation by A. B. Hale, M.D., Assistant to the Eye Department, Post-Graduate Medical School, and Consulting Oculist to Charity Hospital, Chicago; Late Vol. Assistant, Imperial Eye Clinic, University of Kiel. With a Glossary and 157 Illustrations, many of which are printed in colors. 488 pages. One volume. Octavo.

This translation of Eugen Fick's work is one of the most satisfactory text books on the diseases of the eye, for the use of the medical student and general practitioner, that it has been the reviewer's privilege to examine for several years. It is a book, too, that may be read with profit by the specialist.

THE FIELD OF THE ALIENIST AND NEUROLGIST. Announcement for 1898.—*The Alienist and Neurologist*, now entering the 19th year of its history, is an independent journal of advanced and advancing neurology and psychology, neuriatry and psychiatry. It constantly aims at the proper presentation of neurology applied, not only to disease specially involving the nervous system, but to the nervous system as it is involved in disease in general, and diseases of the organs

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and viscera (a very important consideration for the physician), and to neurological considerations in surgery. In short, it is a journal of nervous and mental diseases in particular and a periodical treatise upon the neuriatric aspects of all disease. It is therefore indispensable to the general practitioner, the special practitioner in neurology and the specialist in every department of practical medicine.

It seeks to correctly interrogate and properly interpret the nervous system in all the phenomena of morbid processes and thus to aid the physician whether confined exclusively to the specialties of psychiatry and neuriatry or broadening his efforts to the whole organism. It assists the physician in every condition of disease to treat the whole man and if it may be said to have a medical creed, it is that the patient should be understood in all his neural relations, and receive consideration all over, wherever his omnipresent nervous mechanism reaches and influences him, rather than in the location or organ particularly involved and demanding special attention. This, indeed, since *The Alienist and Neurologist* was founded has come to be one of the distinctive features of clinical and therapeutic medicine, and the physician or surgeon who takes most complete account of the nervous system in its multiform relation to the patient's disease processes, will have the best results for his intelligent insight and study. The practice of the art preventive and the art restorative, is largely neurological in the best and most successful medical endeavor.

The nervous system is a dominant element in conditions and results. This fact is becoming more and more demonstrable as neuriatry and neuro-physiology advance, and the doctor of medicine takes just account of their importance.

Therefore, the *Alienist and Neurologist* should be on every table, as it is now on so many of the tables, of those who aspire to the highest success in the practice of medicine or to make the best impression before courts and juries where the problems of man diseased especially in the cerebro-spinal axis, is under judicial investigation.

C. H. HUGHES, M.D., Editor,
3827 Olive St., St. Louis, Mo.

Subscription, $5.00 per annum. Single copies, $1.50.

J. B. FLINT & CO., 104 Fulton St., New York, announce that the following books are now in press: Flint's Encyclopedia of Medicine and Surgery; second edition. Hutley-Aarvard System of Obstetrics; third edition. Pozzi System of Gynecology; third edition.

PAMPHLETS RECEIVED.

THE TREATMENT OF LARYNGEAL TUBERCULOSIS WITH CUPRIC INTERSTITIAL, Cataphoresis with Report of Cases. THE ADVANTAGES of DIRECT LARYNGSCOPY IN THIS METHOD. From the Medical Record, May 29, 1897. THE PROGRESS OF LARYNGOLOGY. From the Laryngoscope, April, 1897. TRANSILLUMINATION IN DISEASES OF THE NOSE, THROAT AND EAR. From Annals of Otology, Rhinology and Laryngology, May, 1897. CASE OF MASTOIDITIS COMPLICATING PURULENT OTITIS MEDIA CURED BY ENLARGING THE DRUM PERFORATION AND SYRINGING THE TYMPANIC CAVITY. From Texas Medical Journal. By W. SCHEPPEGRELL, A.M., M.D., New Orleans, La.

TREATMENT OF THE UTERINE MYOMATA AND DISEASES OF THE UTERINE ANNEXA PER VAGINAM. TREATMENT OF INTRALIGAMENTOUS AND RETROPERITONEAL UTERINE MYOMATA. From the Amer. Gynec. and Obstet. Jour. VAGINAL HYSTERECTOMY FOR UTERINE MYOMATA AND DISEASES OF THE ADNEXA. From Trans. Amer. Gynec. Society, 1895. VAGINAL HYSTERECTOMY. UMBILICAL AND VENTRAL HERNIA. RESULTS OF ASEPTIC CELIOTOMY. By WM. H. WATHEN, A.M., M.D., Louisville, Ky.

TANNALBIN: ITS PHYSIOLOGICAL AND THERAPEUTIC ACTION. From the Post-Graduate, Nov. 1897. By WM. H. PORTER, M.D., New York.

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TO WHAT EXTENT CAN WE DO CONSERVATIVE SURGERY UPON THE UTERINE APPENDAGES WITH SAFETY TO THE PATIENT? From the Amer. Gynec. and Obstet. Jour., Feb., 1897. By A. PALMER DUDLEY, M.D., New York.

VAGINAL HYSTERECTOMY: A REVIEW OF 66 CONSECUTIVE CASES. From the Jour. Amer. Med. Ass'n, Sept. 18, 1897. By CHAS. GILBERT DAVIS, M.D., Chicago, Ill.

EPIPHORA, OR WATERY EYE; LACHRYMAL ABSCESS; NECROSIS OF THE BONY WALLS OF THE LACHRYMAL CANAL; IMPLANTATION OF A GLASS BALL FOR THE SUPPORT OF AN ARTIFICIAL EYE; GRATTAGE FOR THE RADICAL CURE OF GRANULAR LIDS. From International Clinics, Vol. II, Seventh Series. By L. WEBSTER FOX, M.D., Philadelphia.

THE PRESENT STATUS OF PREVENTIVE MEANS AGAINST THE SPREAD OF TUBERCULOSIS IN THE VARIOUS STATES OF THE UNION, CRITICALLY REVIEWED. From Jour. Amer. Med. Ass'n, Oct. 30, 1897. THE URGENT NEED OF SANATORIA FOR THE CONSUMPTIVE POOR OF OUR LARGE CITIES. From the Medical Record, Nov. 27, 1897. By S. A. KNOPF, M.D. New York.

THE CLINICAL RESULTS OF USING PROF. GAERTNER'S MOTHER MILK, IN CHILDREN. From the Medical Record, Dec. 11, 1897. By LOUIS FISCHER, M.D., New York.

CRIMINAL ABORTION: ITS PREVALENCE, ITS PREVENTION, AND ITS RELATION TO THE MEDICAL EXAMINER, based on the "Summary of the Vital Statistics of the New England States for the year 1892," by the six Secretaries of the New England State Boards of Health. From the Atlantic Medical Weekly, Oct. 2, 1897. By H. R. STORER, M.D., Newport, R. I.

DEFICIENT EXCRETION FROM KIDNEYS NOT ORGANICALLY DISEASED, AND SOME OF THE DISEASES PECULIAR TO WOMEN, AND DISEASES OF THE SKIN. From Jour. Amer. Med. Ass'n, Jan. 8, 1898. By L. DUNCAN BULKLEY, A.M., M.D., New York.

GRIPPE.

For grippe as for all ailments which exist endemically or epidemically, the most diverse methods of treatment and medication have been proposed and a vast number of medicines recommended, but few of which possess any real value. No remedy has had so much success or has proven to be of such true efficacy both for the prompt and thorough relief of grippe and the prevention of complications, as Tongaline Liquid in doses of a teaspoonful, or a Tongaline and Quinine Tablet, either to be taken at short intervals and washed down with plenty of hot water. A glass or two of hot water between the doses will further stimulate the action of the medicine.

Grippe invariably renders the stomach irritable and the nerves sensitive, so in order to avoid any disturbing effects from internal medication, the inner parts of the thighs and the abdominal surfaces should be first sponged with alcohol, then with Tongaline Liquid and hot cloths saturated with the remedy held in apposition by oiled silk bandages, heat being applied by hot water bag or other convenient method to facilitate absorption.

In like manner Tongaline Liquid may be given externally by the aid of electricity.

It is positively remarkable how quickly and thoroughly the grippe is eradicated and a complete cure is affected by the use of Tongaline as mentioned.

SANMETTO A STANDARD REMEDY IN GENITO-URINARY DISEASES.

I have prescribed Sanmetto in a large number of cases of genito-uninary troubles during the last four years, and with uniformly good success. In prostatic troubles of old men, with difficult micturition, it acts like a charm. In cases of irritable bladder with incontinence of urine, I have never met with any remedy that acts so well. I prescribe it frequently, and shall continue to do so, as I look upon it as a standard remedy.

Alma, Mich. J. F. SUYDAM, M. D.

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 *January, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Cauc'sian	African	Mongol
Deaths from all causes	128	14.91	79	49	22	6	60	40	122	4	2
Deaths under 5 years	20										
i. Specific infectious diseases	10	1.16	6	4	1	1	7	1	9	1	
ii. Diseases of the digestive system	13	1.51	11	2	2	2	6	3	13		
iii. Diseases of the respiratory system	35	4.07	21	14	6	1	15	13	34		1
iv. Diseases of the nervous system	14	1 65	6	8	3	2	5	4	14		
v. Diseases of the circulatory system, blood and ductless glands	20	2.33	15	5	3		7	10	20		
vi. Diseases of the genito-urinary organs	7	.83	4	3			4	3	6		
vii. Constitutional diseases	6	.61	3	3	4		2		5	1	
viii. Intoxication, violence, accidents	8	.93	4	4			6	2	8		
ix. Miscellaneous diseases	15	1 77	9	6	3		8	4	13	2	
i. Septicæmia	1			1			1			1	
Pyæmia	1			1			1		1		
Diphtheria	1		1		1				1		
Erysipelas											
Typhoid fever	5		4	1		1	3	1	5		
Malarial Fever											
Scarlet fever											
Measles											
Pertussis											
Cerebro-Spinal Meningitis											
Small Pox											
Tuberculosis	2		1	1			2		2		
Influenza											
Dysentery											
Syphilis											
Tetanus											
Carbuncle											
Anthrax											
ii. Diseases of the Œsophagus											
Gastritis											
Gastro-Enteritis	2		1	1	1		1		2		
Cholera infantum											
Peritonitis											
Entero-Colitis	1		1			1			1		
Appendicitis	2		2				2		2		
Typhilitis											
Intestinal obstruction											
Diseases of the liver	8		7	1	1	1	3	3	8		
iii. Membranous Croup	1		1		1				1		
Bronchitis	1		1				1		1		
Pneumonitis	12		7	5	3		5	4	12		
Pleuritis											
Phthisis	21		12	9	4	1	9	9	20		1
iv. Diseases of the brain	14		6	8	3	2	5	4	14		
Diseases of the spinal cord											
Neuritis											
Eclampsia											
v Diseases of the Heart	19		14	5	3		7	9	19		
Degeneration of the Arteries											
Aneurism	1		1					1	1		
Anæmia											
Diseases of the Ductless Glands											
vi. Uræmia	2		1	1			1	1	2		
Acute Bright's Disease											
Chronic Bright's disease	2		1	1			2		2		
Nephritis	2		1	1			1	1	2		
Diseases of the Genito-Urinary Organs	1		1					1			1
vii. Rheumatism											
Gout											
Diabetes											
Inanition	6		3	3	4		2		5	1	
Senility and Asthenia											
viii. Alcoholism											
Opium habit											
Suicides	1			1			1		1		
Violence and accidents	7		4	3			5	2	7		
ix. Tumors—malignant	9		5	4			5	4	9		
Tumors—non-malignant	1		1				1			1	
Other diseases	5		3	2	3		2		4	1	

L. M. POWERS, M D., Health Officer.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of January, 1898.*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	84	57	70	0
2	72	51	62	0
3	66	50	58	0
4	62	50	56	.04
5	64	46	55	0
6	60	44	52	0
7	58	51	54	.12
8	61	48	54	T
9	53	44	48	.39
10	49	36	42	.28
11	53	36	44	0
12	52	38	45	.41
13	58	36	47	0
14	60	38	49	0
15	62	40	51	0
16	64	38	51	0
17	61	40	50	0
18	64	39	52	0
19	63	42	52	0
20	60	46	53	0
21	61	41	51	0
22	59	39	49	0
23	58	42	50	T
24	54	39	46	0
25	49	36	42	T
26	59	31	45	T
27	64	32	48	0
28	59	46	52	.02
29	62	39	50	0
30	70	44	57	0
31	66	47	56	0
Mean	61	42	52	

SUMMARY

MONTHLY RANGE OF BAROMETER:

Mean Atmospheric Pressure, 30.09.
Highest pressure, 30.32, date 29
Lowest pressure, 29.81 date 10.
Mean Temperature, 52°.
Highest temperature 84°, date 1.
Lowest temperature 31°, date 26.
Greatest daily range of temperature 32°, date 27.
Least daily range of temperature 7°, date 7.

MEAN TEMPERATURE FOR THIS MONTH IN

1873		1885	55°	1892		57°
1879	53°	1886	55°	1893		57°
1880	54°	1887	55°	1894		51°
1881	53°	1888	50°	1895		52°
1882	50°	1889	52°	1896		58°
1883	53°	1890	47°	1897		56°
1884	54°	1891	56°	1893		52°

Mean temperature for this month for 20 years, 53°
Average deficiency of daily mean temp. during month 2°
Accumulated deficiency of daily mean temp. since Jan. 1, 31°
Average daily deficiency since January 1, 2°.
Prevailing direction of wind, NE.
Total movement of wind, 3620 miles.
Maximum velocity of wind, direction, and date, 24m, E., 12.
Total Precipitation, 1.26 inches.
Number of days with .01 inch or more of precipitation, 6.
Mean Dew Point, 37°
Mean Relative Humidity, 65 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881	1.43	1887	.20	1893		6.29
1882	1.00	1888	6.03	1894		.91
1883	1.62	1889	.25	1895		5.84
1884	3.15	1890	7.83	1896		3.23
1885	1.05	1891	.25	1897		3.70
1886	7.72	1892	.88	1898		1.26

Average precip'n for this month for 20 years, 2.93.
Total deficiency in precipitation during month, 1.67 inches.
Total precipitation from Sept. 1896, to date, 3.79 inches.
Average precipitation from Sept. 1 to date, .76 inches.
Total deficiency from Sept. 1, 1897, to date, 3.32 ieches.
Average precipitation for 6 wet seasons, 26.92 inches.
Number of clear days 12, partly cloudy days 10, cloudy days 9.
Dates of frost, 11, 13, 14, 15 16, 18, 19, 21, 22, 26, 27, 20.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., JAN., 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cl'dy	WIND Direction	Total Mov't
Los Angeles	52.	84.	31.	30.09	65.	6	1.26	12	10	9	NE	3,620
San Diego	51.	78.	36.	30.09	69.8	12	1.71	19	3	9	E	4,262
Santa Barbara	50.7	78.	34		58.	4	.63	21	4	6	W	3,104
Yuma	49.9	76	26.			5	.42	22	4	5		
Arlington Heights	48 2	83.	30.				1.74	17	6	8	W	
N. Ontario	46.2	80.	26.				2.30	21	3	7		
San Bernardino	46.7	83.	24.				2.10	15	8	8	N	
Pasadena	48 9	69.	31.				1.85	18		13	W	
Redlands	48.2	81.	30.				1.74	8		23	S	
Santa Ana	60 2	81.	30.				.91	8		23	S	

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter. U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane, Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal

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OUR ADVERTISERS.

CONSTIPATION: ITS DANGERS; A HINT IN REGARD TO TREATMENT.

Without doubt the most frequent departure from the normal state of health is found in the alimentary tract, and is commonly known as Constipation. It occurs in all classes and is perhaps the most found in the upper classes of humanity, or those of sedentary habits. This state of affairs may be due to disease, but more frequently it is due to habit, first, and afterwards it becomes so to speak, the normal condition of many. Generally speaking, constipation exists when the fæces are retained beyond the usual or normal time, and evacuated with more or less difficulty. It has erroneously been supposed that constipation always signifies a difficult movement of the bowels, but this is not strictly true, as one may have only one movement every other day, and yet the stools may be quite soluble. This condition is, however, not frequent, but it has been seen in the experience of the writer. When constipation exists we always find either a deficiency in the peristaltic movement of the bowels, increased absorption, motor paralysis of the muscular coats of the bowels, or all of them. The stools are generally of a hard indurated nature, the evacuations difficult and not as frequent as they normally should be.

Its Dangers. The one great danger to be feared in this condition is auto-intoxication. Normally the waste products are regularly and speedily removed from the body. When they are retained we have at once an infective process s t up. The retained material furnishes food for the nutrition and multiplication of numerous pathogenic micro-organisms, and the eliminative apparatus is confronted with a new poison. When ptomaines are thus set at liberty in the human organism we have at once a retrograde tissue changing process set up, they interfere with the metabolism of the leucocytes and another line of symptoms is set up. The most prominent among the latter are headaches, coated tongue, cold and numb extremities, cardiac irregularity and a general feeling of malaise.

Treatment. For the alleviation of this trouble it is important that one remembers the great factor that habit plays in this particular. The patient should make an attempt to visit the toilet at regular stated intervals and make an effort to have an evacuation of the bowels. It is surprising how much can be accomplished in the proper direction by this simple means.

This, however, will not overcome the peristaltic inactivity, it will not lessen absorption, and it will not restore a torpid liver that may have been inactive for a long time. These indications must be met by the medical adviser of the patient and the proper medicines administered. A drug that meets the requirements in the majority of cases of this kind is Senna, one of the oldest and best known laxatives. It has a mild but potent action on a torpid liver, and causes free and easy evacuations of the bowels. The California Fig Syrup Co. has recognized the value of this drug, and has given it the foremost position in their elegant and efficient preparation which they have named Syrup of Figs. The value of this preparation is most marked when used in the cases of pregnant women and childen, as it produces no pain of a griping nature, is easy to take and answers every purpose required of a laxative. Its palatability is a great factor in its administration to children, and even to adults, as there is frequently an idiosyncrasy against drugs of a nauseating character, while its admirable action places it in the foremost ranks as a remedy for the disease under discussion.

Pottsville, Pa., June 18, 1898. J. D. ALBRIGHT, M. D.

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On advertising page ii will be found descriptive statement of Wyeth's Effervescent Salt of Phosphate of Sodium. The quality of this preparation will be found to differ in many essential points from its class as generally presented, and superior, very much so, in all those requisite qualities. A light, porous, granular Salt (bulk for weight being large) completely, and readily soluble with full, free effervescence, eliminating carbonic acid gas copiously. It acts as a mild, cooling diuretic, aperient and stomachic stimulant. The bottle in itself is an unique improvement on containers, including measure glass, and time, dose record. The package at once suggests personal convenience, and we predict that the article will be received with instant favor, on its unusual merit. Physicians should ask to see this preparation.

Dr. Hoell Taylor, Mentone, Cal., May 7, 1896: "Case 1, July 14, 1895. Dr. H. T., married, without children, age 39; previous residence New York City. Not hereditary. Present weight 118½ lbs.; normal weight 125 lbs.; height 5 ft. 5 in; pulse 116; temperature 100 F. in afternoon. Six months ago was very ill; improved with climatic and general treatment up to March, 1895; since then has made little progress. Coughs a little in the evening and morning, and expectorates a small quantity. Evidences of cavity in the left upper lobe. Has the cachexia well marked, and does not recuperate well after slight exertion. Appetite fair, and digestive system in good condition. Administered 10 ms. of Dr. Paquin's Serum today.

July 17th. 20 ms. July 19th. Axillary gland enlarged. July 20th. A good deal of irritation about the points injected. July 27th. Urticaria July 30th. All of the above symptoms disappeared yesterday, and the patient began for the first time to note improvement.

Aug. 4th. Has been taking from 15 to 18 ms. Tires less easily, and recuperates more rapidly; complexion improved; skin better; color redder. Cough and expectoration continue the same; temperature 99 F. in afternoon. Aug. 16. Takes 25 ms. Sept. 11. Weight, 120 lbs.; temperature, 99 F. in afternoon; has been taking from 24 to 28 ms. Sept. 20. Weight 124 lbs. Oct. 6. Cough and expectoration continue much the same; cachexia has disappeared; recuperative power restored. Oct. 15. Weight, 128 lbs. Oct. 17. Weight, 129 lbs. Nov. 5. Weight, 132 lbs. Nov. 21. Weight, 133 lbs.

Jan. 31, 1896. Cough and expectoration ceased entirely on Dec. 12, and the serum was discontinued. The patient has been engaged in active practice. Took cold on Jan. 12 and developed a cough for a few days. After then there was some expectoration without cough, and it was deemed advisable to commence the serum again, which was done today. Feb. 8. No reaction followed the resumption of the serum; weight, 134½ lbs.

April 16. Weight, 137 lbs.; slight cough and expectoration; temperature normal. Occasionally, one or two bacilli can be found on a slide. Patient is actively employed in the practice of his profession.

A WINTER REMEDY.

That Codeine had an especial effect in cases of nervous coughs, and that it was capable of controlling excessive coughing in various lung and throat affections, was noted before its true physiological action was understood. Later it was clear that its power as a nervous calmative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract.

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The coal-tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some products of the coal-tar series are safe, while others are very dangerous. Antikamnia has stood the test both in the laboratory and in actual practice; and is now generally accepted as the safest and surest of the coal-tar products. Five grain "Antikamnia and Codeine tablets," each containing 4¾ grains Antikamnia, ¼ grain Sulph. Codeine, afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the throat, as well as the coughs incident to lung affections.

OLD ULCERS

That have baffled the skill of physicians for years, will heal rapidly and satisfactory by using applications of Sennine Powder. Sennine stimulates cellular activity and promotes granulations—has pronounced bactericidal power and desiccative action. Under the influence of this powder ulcers of all character readily cease sloughing and assume a healthy condition, secretions are diminished and healing facilitated. Common, healthy and unhealthy, indolent, irritable, sloughing, fungus, superficial and deep ulcers yield to this simple treatment when other procedures fail.

Sample and formula mailed on application. Dios Chemical Co., St. Louis.

THE RATIONAL TREATMENT OF PULMONARY PHTHISIS.

BY S. HOBART EGBERT, A.M., M.D., PH.D.

Among the various therapeutic measures recommended for the general treatment of consumption, Cod Liver Oil heads the list, for, as Dr. F. T. Roberts has justly said, "Almost universal experience has testified to its good effect in this disease." Cod Liver Oil not only exerts a direct beneficial action upon the lungs, but is essentially a reconstructive tonic and nutriment. In its administration it is often wisely combined with hypophosphites, which seem to augment its curative value. Its nauseating tendencies must usually be overcome in order to insure its good effect, and hence the necessity of due care in the selection of an eligible preparation when prescribing Cod Liver Oil. The preparation known as Hagee's Compound Cordial of Cod Liver Oil is a most admirable and available preparation

Holyoke, Mass.

A PERFECT CO-ADJUVANT.

Physicians should not forget that no matter what their preference may be as to the form in which milk should be used for their patients and the babies under their care, whether it is modified, sterilized, pasteurized, peptonized, treated by some other method, or natural, they can always depend on the perfect co-adjuvancy of that unrivaled dietetic preparation, Imperial Granum. Many years of successful clinical experience having proved this combination of nutriments to be acceptable to the palate and also to the most delicate stomach at all periods of life, being in many cases retained and assimilated when everything else is rejected, though in very extreme cases the Imperial Granum is often prepared with pure water only.

DESTROY SPUTUM GERMS.

"Besides tuburculous bacilli there are many organisms—staphylococci and streptococci, for instance—that are pathogenic when deposited on a receptive soil." Destroy all sputum germs by keeping Platt's Chlorides in the cuspidors.

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SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

ERASION OF THE KNEE IN CHILDREN, WITH CONSERVATION OF THE EPIPHYSEAL CARTILAGES.*

BY HARRY M. SHERMAN, M.D., SAN FRANCISCO, CAL.

This paper is simply a report of three cases, the work on which was somewhat experimental, though not on any new lines. In all three cases a distinct effort was made to conserve the function of the epiphyseal cartilages, even though their anatomical integrity was impaired.

The effect of the removal of the epiphyseal cartilages on the proper development of all the tissues of a limb is well known, and the importance of retaining them with their function intact is self-evident. In the volume of our *Transactions* for 1891 Roswell Park has given an admirable review of the theories which have been advanced to explain the occurrence of the atrophy or lack of proper development, and I refer you to this for the views of the reasons for the atrophy of the entire limb sequent to the destruction of an epiphyseal cartilage.

Koenig has stated that tuberculosis, if primarily of epiphyseal location, but rarely attacks the diaphysis. It may be presumed that the non-vascular disk of cartilage offers a barrier to the dissemination of the bacilli into and through the cancelli of the shaft itself; but, as we all know, it is impossible to say how many distinct foci of infection may be in an epiphysis, nor can we be sure that we have removed all of them so long as any of the osseous portion of the epiphysis remains. Hence there is an argument in favor of the total removal of an epiphysis which is the seat of a tuberculous infection at the same time that the other involved joint structures are removed.

The question presented for solution in two of these cases was this: Is it possible to remove the articular cartilages of the tibia and femur at the knee, and also all

*From the Transactions American Orthopedic Association, 1897.

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of the ossified portions of the epiphyses, scraping them carefully from the epiphyseal cartilage, and not interfere with the physiologic function of the latter? Cartilage growth must take place as an interstitial development or by proliferation on its diaphyseal side. Hence, if we can operate in this way, without interfering with cartilage proliferation and ossification, we can conserve the growth of the limb, and one of the arguments against an operation on a child, which would otherwise be justifiable, will be removed. If in one single instance the usual growth of the bone continues after this operation, the question will be answered in the affirmative.

Two of these cases presented themselves at my clinic late in the disease, when the knees were much flexed, the tibiæ subluxated backward, the tissues posterior to the joints rigidly contracted, and with sinuses opening on the fronts of the joints. Both were subjected to gradual corrective treatment by Billroth brackets until the postarticular structures had been so far stretched as to permit the tibia and femur being placed in line after the removal of the epiphyses. During this period of protective treatment there was but little improvement in the tuberculous condition.

Similar operations were done on each, total arthrectomies and epiphysiectomies. In each the patella was removed, and in neither were the femur and tibia sutured, their apposition after the operation being maintained by very carefully applied plaster-of-Paris splints. Healing was in each uneventful, except that small sinuses persisted for a time after the major part was healed. Each left the hospital with a straight leg, and in each flexion occurred while the child was under observation and in spite of solid plaster-of-Paris splints. In one, the younger, the force of the flexion was so great as to cause pressure sores over the front of the bone, from the persistent contact with the rigid opposing splint.

The radiographs (Figs. 1 and 3) show the amount of this movement of flexion in each case, and also that union between femur and tibia was finally apparently bony; and this could have been assumed from ordinary clinical evidence, for flexion has ceased to increase, and the position of the bones has been stable for something over a year in each. But in one of the cases a radiograph taken from another direction (Fig. 2) shows a short line of fibrous tissue between the bones, and that the apposition was not perfectly maintained, a certain amount of outward displacement of the leg having occurred.

The radiographs also show that there has been developed in the place of the epiphyses—between the opposing ends of the diaphyses — a considerable amount of new bone, and it is possible that the excessive development of this in the anterior portion, as compared with the posterior, was the cause of the irresistible flexion which occurred. In consideration of the conditions under which this flexion took place, it is, I am quite sure, necessary to look for some much stronger force than contraction of postarticular tissues or muscular work, though why more bone should be produced in the anterior rather than in the posterior portion of the space I am at loss to even surmise.

In one case (Figs. 1 and 2) the evidence is in favor of some growth having taken place at the knee since the operation. The difference between the lengths of the legs one year after the operation was 4.5 cm., and two years later it is 6.2 cm., making allowance for flexion; a less development by 1.7 cm., for the leg that was operated on. Now, most of the growth of the lower limb takes place at the knee, and in this two years the sound limb has grown 9.5 cm., and it seems that the loss of 1.7 cm. should have been greater if no growth except at the hip and ankle had taken place in the operated-on limb. As regards the segments of this limb, the leg has grown more than the thigh by about 2 cm., showing, I think that the

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tibial epiphyseal cartilage was less damaged than was the femoral. Looking now at the radiographs (Figs. 1 and 2) it is seen that the fibula, a bone the integrity of

FIG. 1.

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which was not disturbed, has not outgrown the tibia. It seems fair on this ground, also, to assert that the tibial epiphyseal cartilage is still functionating; that the

FIG. 2.

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growth of the tibia is keeping up with that of the fibula; and that the increase in the difference in lengths of the limbs is due to interference with the develop-

FIG. 3.

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mental processes of all the tissues, quite as much as to any local inhibition in any set of epiphyseal cartilages.

FIG. 4.

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The radiograph of the other case (Fig. 3) lends force to this argument, for here the fibula has plainly outgrown the tibia, and can be seen to be thrust up above it. Surely in this case the tibia is not keeping pace with the fibula in growth. In almost every other particular this case is like the first.

The third case is quite different. The patient, a boy of ten or eleven years, was seen very early in the disease, and was put at once on protective treatment. He did very well, except that there persisted a spot of tenderness over the inner tibial tuberosity, and the tissues here were always boggy and with appreciable condensation. The tibia was trephined at this place, and the entire ossified portion of the epiphysis—the seat of a locally disseminated tuberculosis—was removed with a small, sharp spoon, leaving only a shell of cartilage. There was also a tuberculous region in the juxta-epiphyseal portion of the diaphysis, and this, too, was removed in the same way. Thus I had two cavities, separated by the central portion of the epiphyseal cartilage. This portion promptly sloughed, making one cavity of the two, but the circumferential portions lived, as did the articular cartilage; the wound, dressed by gauze packings, slowly closed, and the natural growth of the bone has been resumed, the slight amount of shortening which exists (4 cm., in the whole limb, but only 1.5 cm., in the tibia) not having increased. The radiograph shows that the cavity has been filled, apparently by bone, for it is impossible to make out its exact outlines. (Fig. 4.) The functions of the joint and bone are practically perfect.

In this case the mechanical interference with the epiphysis was not much less than in the two former cases, except that access to the bony epiphysis was had from the side instead of from the articular surface. Yet here the developmental processes have suffered but little, in striking contrast to the second case, in which the tibia is hanging behind the fibula in growth.

RECTAL FISTULA.

BY WELLINGTON C. BURKE, M.D., ONTARIO, CAL.

FORMERLY DEMONSTRATOR OF ANATOMY IN THE UNIVERSITY MEDICAL COLLEGE; SURGEON TO ALL SAINTS' HOSPITAL AND EAST SIDE DISPENSARY, ETC., KANSAS CITY, MO.

Fistula was accurately described by Hippocrates, Celsus and many other old authors, and the etiology given by them, in a large measure, holds good today. From the time of the Christian era, little was written of fistula for several hundred years, since it was considered an incurable disease. To have such in the olden time was a disgrace. The diagnosis was made difficult also, by the reason of those afflicted refusing to submit to a visual and digital examination. It is recorded that Henry V, King of England died from this cause, the surgeons of the day not having the necessary skill to effect a cure. John Astone tells us that in the year 1728, this disease had sunk into oblivion, and was seen or heard of most rarely until Louis XIV, of France, suffered from it, when it at once became fashionable, the fad of the day it seems, and thousands of cases suddenly made their appearance. No man in Rome ever complained of it until the emperor Cæsar was attacked.

There are many persons today who believe fistula to be incurable, and that if healed and the discharge stopped, some internal organ will suffer from the pent up matter. For this reason many persons go through life suffering great pain and annoyance, having a simple fistula which could be speedily cured, if they would but place themselves in the hands of a competent surgeon and permit him to operate.

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Any person, irrespective of age, climate or occupation may have fistula. It occurs most frequently in males during middle life. Hospital reports show it to be the most frequent of rectal diseases. Not so in private practice, where hemorrhoids, ulcerations (including fissures), occur the more frequently.

Fistulæ occuring in the region of the rectum and anus, have invariably been described as *fistula in ano*. It were better to designate those opening high in the rectum as *rectal* and those opening just within the anal margin as *anal*.

Fistulæ which are not the result of ulceration and perforation of the rectal wall from within, are due to a previous abscess, and may be classified as, superficial, or those which are just beneath the integument and involving only a few fibres of the external sphincter; and deep, or those opening higher in the bowel or upon the surface at varying distances from the anus. These two forms may be further divided into the (*a*) complete, *i. e.*, having an opening both into the bowel and upon the skin; (*b*) external, those opening on the skin only; (*c*) internal, those opening within the bowel only. Sometimes a fistula occurs as the result of necrosis of the sacrum or coccyx.

On account of the laxity of the subcutaneous tissues in this locality, abscesses show little tendency, unaided, to heal. In the superficial fistula the external opening may be some distance from the anus or in the radiating folds, the presence of more than one external opening is rare in this form, and an internal opening will usually reward the careful searcher. The quickest way to settle the question of an internal opening is to inject into the external orifice milk which will make its appearance in the rectum. In the majority of cases the internal opening will be found just within the external sphincter. This opening does not in all cases mark the superior limit of the fistulous track which may run several inches up the bowel beneath the mucous membrane. The track is at times straight, frequently tortuous, and again there may be no track but both orifices opening directly into the original abscess cavity. The track is lined with lardaceous tissue, the result of chronic inflammatory changes, containing newly formed blood vessels. This tissue, by preventing the walls coming in contact, prevents healing. Occassionally the track is lined with healthy granulations, which accounts for cases of spontaneous healing.

Fistulæ resulting from ischio-rectal abscesses differ greatly in extent and gravity: from the superficial form, the track is large, frequently branching and the external opening may be far away from the anus. The perineal and gluteal regions are often found brawny. Those from deep pelvic abscesses are always severe. External opening may be far away from the anus, there may be several tracks and openings branching off from each other, and all may communicate with the abscess cavity in the pelvis. When only an internal opening exists, it may be into the rectum, vagina, bladder, urethra or the pus may burrow to the groin, or beneath the gluteal muscles making its exit in the loin, thigh or even as low down leg as the knee posteriorly. The mere diagnosis of an existing fistula, except in the internal variety, presents little difficulty. The examination of a fistulous track is a matter requiring delicacy and skill. The examiner should be provided with a full supply of probes of various sizes, from the smallest silver to the large copper uterine sound. The instrument should be allowed to follow the course of the track without the employment of any force. The whole course of a fistula may often be distinctly mapped out by the detection of a cord-like hardness around the anus.

The prognosis should at all times be guarded, especially as regards continence, incontinence or the tendency toward it increasing materially with each division of the sphincter. In tubercular patients the delay in healing and the liability to

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uncontrollable incontinence should always be fully and clearly explained. It is the opinion of the writer that the existence of tuberculosis (except the forms referred to later), should not bar operation, providing there is a fair chance of the reparative process being established.

The question of advisabitity of operative measures is one that must be decided by the operator alone. In the treatment of this disease the question often arises—Is it always best to try and cure a fistula? In some cases of nephritis, malignant growth, cardiac and hepatic affections, operation is not advisable. The same may be said of cases of *tuberculosis far advanced*, or *rapidly advancing*; cough, when violent and frequent, is certainly a contra-indication. Where there is a suspicion of tuberculosis the entire track should be thoroughly destroyed by the curette or cautery. There is no doubt that tubercular fistula may be the first symptom of what may later develop into a general infection, and that an early and complete destruction may prevent a general deposit. Palliative measures such as passage of probes, injection of astringents have their place in the treatment of this condition. *Free division of all tracks*, though it has to be done at intervals, is the only procedure which promises satisfactory results. When hemorrhoids, ulcer or stricture exist, the same should be looked after during or preceding the operation. Avoid, as far as possible, the loss of blood in the anemic. The after treatment is of very great importance and *many of the unfavorable results following operation are due to a neglect of it.* The patient should be confined to bed no longer that is absolutely necessary. Get him in the open air as soon as wound will permit, even though rectal wounds do better in the recumbent posture. A highly nutritious diet, tonics and all measures looking toward the building up of the general health should be carefully looked after.

A CASE OF MASTOID EMPYEMA; MENINGITIS WITH DOUBLE OPTIC NEURITIS; OPERATION; RECOVERY.*

BY GEORGE J. LUND, M.D., LOS ANGELES, CAL.

It seems to me all interesting otitic cases of value such as I am about to relate should be reported, so that all new signs, phenomena, etc., may be noted and be of value in making up intelligent diagnoses of cases, for it is only by a summary of such collective investigations that we arrive at definite conclusions.

May 11th, 1897, I was called in consultation by Dr. Wm. Brill, of this city, to see Mr. H. W. D., attorney, aged 42. From the doctor I obtained the following history: The preceding January the patient had a severe attack of influenza complicated with right otitis media. The doctor incised the membrana tympani, and free suppuration followed, which continued more or less up to the present time. The patient was in a run-down state and did not follow up treatment for his ear very thoroughly. One week before he was exposed to cold at night for an hour while sitting on a door step waiting for a nurse to attend his wife in confinement. A severe attack of tonsillitis immediately followed, commencing with a chill. In three days he began having headache and pain over the right mastoid, and also had a second chill. Some fever continued, the evening temperature reaching 102°. The headache was mostly frontal, very intense and always worse at night. The pain in the mastoid was not severe, but swelling supervened both in front and behind the ear and extending downward.

Status præsans: Patient reduced in flesh and weak; pulse 80°, temperature 100°.

*Read before the Twentieth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 1 and 2, 1897.

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The auditory canal is filled with pus which pours out freely; cleansing the discharge away the canal appears normal, and the membrana tympani is seen to have a large perforation in the lower portion partly filled with a polypus which projects through the opening. Pressure with a cotton tipped probe along the canal reveals a spot in the posterior superior quadrant near the membrana tympani that is quite sensitive and painful. There is no bulging or any encroachment on the canal.

Over the mastoid the tissues are red and swollen but there is no point that is especially sensitive on pressure. Hearing reduced to zero. Diagnosis: Mastoid abscess, and advised early operation, but on account of sickness of the patient's wife we delayed operating for a few days; also desired to improve the patient's condition by feeding and tonics.

May 12th, patient's condition unchanged. Local swelling increased and extends below the process along the sterno-mastoid muscle. He alleges a gurgling sensation in his ear when pressure is made just below and in front of the tip of the process. The locality feels boggy on palpating but no fluctuation could be made out.

With the speculum in the canal and making pressure at the point mentioned, pus was forced into the canal quite freely, thus showing that the abscess has an opening through which the pus has escaped into the adjacent tissues.

May 14th, general condition better and less pain but more swelling in the neck.

May 16th, operation on the mastoid, assisted by Dr. Brill, Dr. Harry Sherman administering the anesthetic. Performed the typical Swartze operation. Made a curved incision through the soft parts one-half centimeter from the insertion of the auricle, from the tip of the mastoid to a point above the ear. Commencing immediately on a level with the external auditory meatus, I separated the periosteum from the bone along the track of the wound and well up to the auditory canal. The surface of the mastoid appeared sound and there was no indication of any sinus. With a hollow chisel and mallet I then exposed the cells and with the gouge entered the antrum, which was fully three-quarters inch from the surface. When the antrum was opened the pus flowed freely. A probe readily passed from the antrum into the tympanum and this opening was gently scraped out with the small curette.

I then proceeded to chisel away the cortex over the vertical mastoid and very soon entered a large cavity from which pus poured out in large quantities. From this cavity a probe could be passed downward on the inside of the tip of the process through the digastric fossa nearly an inch into the neck. A counter opening was made below the tip. I thoroughly curetted all the cavities and removed a large quantity of bone detritus and granulation tissue. Irrigated with bichloride solution, put two sutures into the upper angle of the wound, packed lightly with acetanilid gauze and dressed with cotton. For a week the patient did well, suppuration diminished and the temperature dropped to normal.

May 22nd, he began having headache over the right parietal region and a slight rise in the temperature; pulse 80° to 84°. This continued for a few days.

May 26th, passed a very restless night, headache very severe, extending around the head but largely frontal and occipital. Some nausea; pupils slightly contracted but equal and react to light stimulus. Pulse 90°, temperature 102°. Sodium bromide grs. 15, every two hours was ordered, his hair was clipped close, the coil applied and ice water kept constantly flowing through it.

In the evening, Dr. H. G. Brainerd joined Dr. Brill and myself in consultation. Patient having less pain; temperature 103°, some nausea and vomiting. Wound looking well, suppuration moderate. Complication not determined.

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May 27th, 9 A.M. Patient slept quite well last night after taking a tablet of acetanilid compound. Pulse 90°, temperature 102°. There is some rigidity of the muscles of the neck and he occasionally gives a sighing respiration; vomited once in the night; pupils the same; ophthalmoscope reveals both optic disks slightly swollen and congested, margins blurred and the retina injected. Diagnosis: Meningitis with double optic neuritis.

May 30th, pain and temperature gradually subsiding; pulse 90°, temperature 99° to 100°.

June 5th, pulse and temperature normal; some swelling and tenderness over the right temple.

June 15th, there has been very little improvement during the last ten days; still complains of pain in the right parietal region; pulse 54° to 60°, temperature 98° or a fraction under; appetite poor; sleeps fair; sits up very little.

July 5th, the gain in the patient's condition has not been satisfactory; has had one or two severe headaches, and alleges that he has much pain in his head yet; there appears to be considerable mental depression. Patient's brother, Dr. A. M. D., from Bucyrus, Ohio, came today, and through his influence the patient got up and in a few days was out walking.

July 20th. He has improved rapidly during the past two weeks; rides out on the street cars, goes to his office occasionally and has been to the beach once. Examination of his eyes at this date reveals vision 20–20 in both eyes, and a decided cut for color in both fields. The margins of the disks are still obscure to the direct examination, and the retina injected; says he sees double occasionally and requires some one to accompany him on the street for fear of getting run over. When eating sometimes makes ineffectual attempts to put his fork into the food, missing the object by several inches. No strabismus is detected by the examination. The patient has been on tonics and the iodides for several weeks. The wound is entirely healed and there has been no discharge from the ear since the operation; the membrana tympani has cicatrized, completely closing the perforation. Hears watch one inch, whisper six feet.

November 1st. Patient has been attending to his practice for two months, though he claims that his head is not perfectly clear at all times. His vision is good but there is some reduction in the color field yet. The signs of the neuro-retinitis have all vanished. Prescribed for a small amount of hypermetropia and his presbyopia and closed the case.

The interesting points presented in this case are:

1st. A mastoiditis with the pain referred largely to the frontal region.

2d. The perforation of the bone through the digastric fossa.

3d. The late infection of the meninges (one week after the operation,) with involvement of the optic tract and resulting optic neuritis.

4th. The ultimate recovery of the patient with a complete curing of the otorrhea, retaining a good degree of hearing and the full restoration of vision.

The meningitis occuring several days after free drainage of the suppurating cavities was established is very exceptional and is another argument in favor of early operations on the mastoid.

We know that meningitis consecutive to purulent otitis is produced in three ways:

1st. It may be propagated by contiguity by alterations in the walls of the tympanic-attic or the mastoid antrum. The roof of the attic which separates this cavity from the middle cerebral fossa is very thin in most cases and the bony elements even absent in some. The tegmen antri is even less resistant than that

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of the attic, and its posterior wall is often directly in contact with the sigmoid groove in which lies the lateral sinus.

2d. The infection may travel by the way of the internal auditory canal and labyrinth by direct continuity of tissue involved.

3d. There is a group of cases as explained by Lowenburg that can only be accounted for by the invasion of micro-organisms along the lymphatic spaces and veins not producing any manifestations of their action until they have become fixed.

This last method probably accounts for the meningitis in the case reported.

Lankershim Block.

A FEW PRACTICAL POINTS FOR CONSIDERATION BY THE SURGEON.*

BY W. W. HITCHCOCK, M.D., LOS ANGELES, CAL.

So rapid has been the advancement toward simplicity in all surgical procedures, and more especially those coming under the head of gynecology, that I thought it might be of interest to call your attention to a few of them for discussion this evening.

At this time when asepsis and antisepsis are so generally and thoroughly understood, it would seemingly almost require an apology for their mere mention, did we not so frequently observe many defects in the practical application of them, in not only recorded cases which dispose of the same by simply stating "done under strict antiseptic precautions," but also in the operating room. It is not enough that the surgeon prepare himself with due care and accomplish as near an aseptic condition of himself and patient as possible, and see to it that the dressings, ligatures and instruments are sterilized and remain so throughout all surgical procedures, but he should also see that the operating room is thoroughly aseptic and properly ventilated.

The subject of ventilation, though understood, is frequently entirely overlooked in operating rooms. How many here present have observed after a long and tedious hysterectomy, or other protracted surgical operation, the almost axphyxiated condition of both operator and assistants, due to the lack of oxygen in operating rooms, the neglect of which is occasioned in the effort to keep the patient warm, by preventing all possible entrance of fresh air; besides frequently burning a gas stove to maintain the desired temperature of the room and consuming thereby the required oxygen. I have been inclined to think that the pendulum has swung too far towards the preparation of the surgeon's hands and instruments and not enough attention paid to the air in operating rooms. These should be heated by vapor-heated fresh air brought in from a source where there is no possibility of contamination by impure air, or foul and disagreeable odors. If heated by steam there should be graduated registers, so arranged that the cold, heavy air, as the heated air descends from the ceiling, can escape without draughts or sudden changes of temperature. The temperature of the operating room should vary according to the indications in individual cases, averaging somewhat above that of the patient, that is from 100° to 105° F.

Next in importance to that of having an operating room perfectly ventilated and heated, is the care and general arrangement as regards light, the color of the walls, ceiling, floor, the cardinal position of the windows, etc. It is now generally agreed, that a north light is preferable in conjunction with that from above or from a skylight. There seems to be a mistaken idea in the construction of

*Read before the Los Angeles County Medical Association, February 4, 1898.

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operating rooms, growing out of the usual plan that has been used to render them aseptic, viz, that the walls and floors should be of such material that they can be washed down or flushed out before each operation with some antiseptic, such as bichloride, etc. The recent information in regard to formalin gas as an antiseptic and germicide would seem to render the scrubbing process entirely obsolete, making flushing and scrubbing only useful as a preliminary to real disinfection by gas. Owing to the penetrating nature of formalin gas and the convenience it would afford, it is quite likely that its adoption for this purpose will be very general.

All operating rooms should be, when possible, isolated from the general corridors and wards of hospitals connecting indirectly with the main building by means of enclosed halls or passage-ways, and provided with etherizing room, coat, gown and sterilizing rooms, so systematically arranged that when the surgeon enters the operating room proper, he shall be as aseptic as possible.

Having thus come to his position as near clean as his preparation is capable of making him, it is now important to have as near as is possible an aseptic patient. Close observation has demonstrated that no matter what the surgeon has done to render himself clean, if the subject for operation is not given care and special preparation, the results are not usually devoid of complications, even leading to those which influence mortality in certain surgical procedures.

In most cases, not involving an emergency, there is usually time to prepare a patient for operation, more especially those of a chronic nature as hysterectomy, perineorrhapy, trachelorrhaphy, etc., which, for the present purpose we will consider. Where it is possible it is desirable to have the patient, who is about to undergo a surgical operation involving some risk, to be taken to the hospital at least three days before, in order to become accustomed to the attendants, as it tends to lessen the nervous strain. The patient should be advised to remain in bed the greater part of the time in order to rest, as they too often are subjected to operation physically exhausted, a condition predisposing to collapse.

During this time, mental quiet should be enjoined, and visitors and friends be excluded as much as is compatible to secure contentment and good spirits. Having first determined that it is an operable case by stethoscopic examination of heart and chemical analysis of the urine, and the administration of strychnia a sufficient length of time, so that the date of operation shall occur about one week after its commencement, the three days that the patient is in the hospital being prepared can be so occupied by the nurse attending to dietetics, massaging, bathing, sponging, purging, douching and injecting, that friends will soon tire and remain away, as they will see that the patient is not there to receive company.

In addition to the general preparation of the patient, special preparation about the site of operation is important. This should be as thorough and as perfect in *technique* as that pursued by the surgeon in cleansing his hands and those of his assistants.

The general care and preparation of a patient about to undergo a serious or prolonged surgical operation, however, as regards nausea following the administration of the anesthetic, flatulence, thirst and shock we have found by experience and close observation to be elements, the proper prevention of which has had to do wonderfully in procuring a lower mortality. The prevention of all of these it seems to me might well be considered under the one head, viz, shock. Besides what the mental condition of a patient bears to the degree of shock likely to be induced by a given operation, it is self evident that whatever will fortify the patient in bodily condition, is worthy of the most careful consideration. In order to properly estimate the recuperative power of the patient, his heredity is not only

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necessary to be considered, but his energy as manifested in recovery from serious injury and sickness taken into account, for, by so doing an intelligent judgment can be given as to the advisability and risk, and this judgment rendered as an opinion to patient and friends. In operations involving the peritoneal cavity it is wise to have the patient maintain the horizontal position for a period of two days prior to operating. If the abdominal and pelvic visceræ are known to be in a condition of hyperemia, the necessity of maintaining the recumbent position is all the more important, as thereby the dilated capillaries and blood vessels regain their natural calibre and tonicity. In the use of hydragogues to prepare the alimentary canal the blood is necessarily depleted of its watery constituents, and this should be constantly supplied by allowing the patient to imbibe large quantities of water some days before, as doubtless full blood vessels favor immunity from distressing thirst, and also is of paramount importance in the prevention of shock. Often the degree of shock depends upon abdominal reflex irritation of the cerebro-spinal nerve centers and should be met by the administration of bromides, either per enema or by the mouth for a few days. There is frequently some difficulty in differentiating, shock due to nervous reflexes from that produced by hemorrhage. But if we bear in mind that rapid cardiac contractions, with small, feeble pulse coming on before operation is completed, points to the presence of shock due to trauma and when we are in position to estimate the degree of loss of blood, we are enabled to distinguish it from shock due to hemorrhage where progressive heart weakness is present.

One other distinction might be mentioned in relation to shock. In that due to hemorrhage both arterial and venous anemia are present, while in shock, surgical or reflex, anemia is arterial with more or less venous. In those whom we are about to operate, who are below the standard of health, particularly in cases of fatty and atheromatous degeneration, strychnia in large and full doses should be administered some time before operation in addition to what has already been suggested. Digitalis and sparteine are also indicated where there is muscular weakness of the heart and like strychnia are not contra-indicated where there are manifestations of degenerative changes.

Facilities should always be at hand and in readiness so that in cardiac failure caused either by hemorrhage or shock, fluid may be supplied to the circulation by using normal salt solution either intra-cellular or in a vein. This solution should be sterile and at a temperature of 101° to 105° F.

In conclusion, it would now seem that asepsis has been mastered, more attention should be given to the prevention and treatment of shock, which figures much in raising the mortality in most of our major surgical operations, besides these attempts at prevention aid much in the alleviation of many of the distressing symptoms that would subsequently follow, viz, thirst, nausea, flatulence, etc.

In addition to the preparatory treatment here indicated, no patient should be allowed to leave the operating table without having had one or two pints of salt solution by enema, besides that which is left in the abdominal cavity where not contra-indicated.

Much of the after care of the patient is of necessity left to the nurse, which emphasizes the importance of having well equipped hospitals where intelligent nursing may be carried out. All nurses who assume the care of surgical cases should be known by the surgeon to be familiar with remedies and means to relieve shock and be capable of recognizing the first manifesting of it, as frequently it comes on after the surgeon has departed and without prompt restorative measures, by the time the surgeon arrives, the patient would be in a condition of collapse from which it would be impossible for them to rally.

Byrne Block.

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IS IT HYSTERIA? THE REPORT OF A CASE.*

BY D. J. PRATHER, M. D., LOS ANGELES, CAL.

Mrs. W., aged about 35, married about ten years, mother of three children, had one abortion at six weeks. She injured the coccyx while a girl, which gave rise to neuralgia of the coccyx after the birth of her first child. She had infection after each labor and after the abortion, but was healthy until her first child was born. At the six month of her first gestation, she jumped across a branch which produced a very severe pain in her left side with a feeling as if something had given away, but without any harm to the fetus. She dates this pain in her left side from that time and has had it ever since. The cervix and the perineum were repaired after the second and third confinements. The coccyx was removed at the time of the second operation on the cervix and perineum. The coccygodynia increased slowly from her first confinement to the time the coccyx was removed. This neuralgia slowly improved after the third month from the removal of coccyx, and at the end of the twelfth month it was well.

Two or three years after her marriage, her husband became addicted to excessive drink, and he continues the use of too much whisky until the present time so far as I know. Until the relief of the coccygodynia by removal of the coccyx pressure upon the lower part of the sacrum and coccyx produced decided pain in the left side, and pressing through the vagina in the region of the left ovary, increased very decidedly the pain in the region of the coccyx. Her general health has been bad since her first confinement. Her uterus was retroflexed and prolapsed, and all the muscles wanting in tone; and examined while standing, the uterus was always found resting down on the perineum.

With this brief history I will give the substance of the treatment—medical, surgical and electrical, and what I proposed to do, and then I will briefly refer to the question of hysteria.

The medical treatment was with quinine, strychnine, hydrastin, iron, malt preparations, mercury and the salines, as we usually give them in such cases in localities where the malarial parasites are active during every month of the year. The cervicitis as well as endometritis was treated by dilating and curretting, and the local use of iodine and carbolic acid. Later negative galvanic cautery was used. The uterus and the lax muscular tissue of the pelvis received general galvanization and faradization. The coccygodynia received the same electrical treatment without permanent improvement. This was before the removal of the coccyx.

To state in a few words the effect of this treatment—medical, surgical and electrical, it was only a temporary benefit. The pain in the left side and in the coccyx was relieved for three or four hours after each electrical treatment, when it returned with perhaps less severity, but it returned. Her general improvement was noticeable only during the treatment, After giving her this general treatment, electric and otherwise, for three or four months every second or third day except during menstruation and for three or four days after its cessation, and failing to receive relief from the pain in the left side, and without material benefit otherwise, I proposed to her to open the abdomen and do that which suggested itself after examination of ovaries, tubes, etc. This was in 1895.

About a year after this she visited New York and Dr. Polk removed a cyst of the right ovary about the size of an orange, which had escaped observation—if it was present—at the time I treated her, and he thought the left ovary healthy and decided that the pain in the left side was hysterical. This operation was done through the vagina.

*Read before the Los Angeles, County Medical Association, Feb, 18, 1898.

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The question is: Is this pain hysterical? Dr. Polk had good reason for believing that the pain was due to hysteria, and as we know so little of the nature of hysteria I consider his position well taken. But some questions come up in my mind which will not be settled to my own satisfaction until other measures have been adopted and other conditions changed. I refer to the elevation of the uterus in the pelvis by abdominal suspension and the removal of part of the left ovary and the removal of the patient to a healthy location free from the malarial parasites. I believe one of the most important factors producing the unfavorable result in this case is the habit of drink of the husband, the domestic troubles resulting therefrom and the influence of this as a depressing cause in the production of this chronic invalidism. I believe it has more to do with her general condition than even the unpleasant, unfavorable influence of the malarial parasite. However, these questions cannot be settled unless she is removed from her present surroundings, placed in a healthy locality and her domestic troubles removed, which is not within the power of physicians to secure.

Byrne Block.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

NITROGLYCERINE AS A HEMOSTATIC IN HEMOPTYSIS.—(*Phil. Med. Jour.*, Feb. 12, 1898.) Lawrence F. Flick, M.D. Assuming that the hemorrhage was due to a constriction of the blood vessels and the application of too great a force from behind, Dr. Flick decided that theoretically the proper thing was to produce dilatation and therefore administered in a case, where ordinary treatment had failed, one-half drop doses of a one per cent. alcoholic solution of nitroglycerine every half hour. The hemorrhage stopped with the administration of the first dose and did not recur. He reports three other cases treated with equally happy results.

ACTION OF DRUGS IN UTERINE HEMORRHAGES.—(*Pennsylvania Med. Jour.*, Feb. '98.) W. G. Johnston, M.D. Dr. Johnston calls special attention to the value of *atropine* in uterine hemorrhages, having used it effectively in two cases of secondary post-partum hemorrhage, two of menorrhagia and one of hemorrhage from uterine cancer, after other means had failed. It was administered in doses of 1-200 of a grain, by the mouth, every two hours. The doctor thinks, in addition to its action as a stimulant to the vaso-motor centers, that it has a specific action on the uterus itself.

THE UTILIZATION OF THE NORMAL TONSILLAR ABSORPTION IN THE TREATMENT OF TUBERCULOSIS OF THE ANGULAR LYMPHATIC GLANDS.—(*Jour. of the Boston Soc. of Med. Sciences*, Feb. '98.) J. L. Goodale. The following conclusions were drawn from experiments on the human subject:

1. Tonsillar absorption takes place through the mucous membrane of the crypts.

2. The path of the absorbed substances is in the inter-follicular lymph channels in the direction of the larger fibrous trabeculæ at the base of the organ.

3. During the process of absorption, foreign substances encounter phagocytic action on the part of the polynuclear leucocytes situated in and adjoining the mucous membrane.

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4. Bacteria are normally present in the crypts, but are not usually demonstrable in the tonsillar tissue proper.

5. In view of the preceding facts, the supposition appears possible that bacteria may be continually making their way into the tonsillar tissues, but, at the moment of entering, encounter conditions which terminate their existence.

Examinations of human tonsils have shown the presence of the tubercle bacilli with comparative frequency on the free epithelial surface or in the crypts. If the bacilli once pass the phagocytic barrier it is reasonable to suppose they will be carried into the interior of the tonsil or transported by the lymph stream to the angular lymph glands.

The writer therefore suggests that it should be possible to make use of the normal tonsillar absorption in the treatment of tubercular angular glands as substances introduced into the crypts should make their way along the path followed by the bacilli. Experimental confirmation of this has been obtained but detailed presentation of results has been left for future publication. He, however, states that the introduction of iodine solutions into the tonsillar crypts in cases of tubercular angular lymphadenitis has been followed by a marked diminution in the size of the gland. A desirable opportunity seems thus to be afforded for employing and testing remedies thought to be of value in the treatment of tubercular processes directly or almost directly to these glands.

INDIVIDUALITY A FACTOR IN BIRTH RATES.—(*Jour. A. M. A.*) Dr. D. G. Brinton, once editor of *Med. and Surg. Reporter*, in a recent article in *Science*, commenting on the diminished birth rate of New England, concludes that the chief cause is the principle of democracy, which contains a toxic principle. The more intense republican civilization, the more acute becomes individualism, or the overpowering desire to live to the best personal advantage and to get all the good there is going, be it in the sphere of intellect or other gratification. Both the numeric increase of the race is and must be inversely to the effort of the individual to develop himself personally. There may, however, be a democracy directed by science which can escape this poison. With this cheering but vague intimation the article closes.

TREATMENT OF CANCER BY INTERSTITIAL INJECTIONS OF ALCOHOL.—(*Monthly Cycloped. of Practical Medicine, January editorial.*) Dr. Sajous says that the search for pathogenic micro-organisms, antitoxins, etc., has so captivated investigators that remedial measures of a more prosaic kind have been relegated to a position well in the rear. Over 25 years ago Karl Schwalbe, after obtaining satisfactory results, argued that if alcoholism could give rise to the formation of new connective tissue in the liver and thereby produce atrophy of the parenchyma, including its vascular supply, malignant tumors should yield to the direct action of alcohol in the same manner. Hasse has recently reported three cases treated in 1878, no recurrence having taken place.

An interesting case was reported by Wm. Yeats (*British Med. Jour.*, Sept. 25, 1897.) in which a scirrhus of the left breast (rendering breast twice as large as the right), atrophied in 10 weeks until nothing was left of the mamma and practically nothing of the tumor but the nipple and a slight thickening under it. The glands of the axilla could not be detected. The treatment consisted in injecting from 22 to 25 syringefuls, each of 20 minims, of a mixture of 40 parts of absolute alcohol and 60 parts of distilled water, deeply into the tissues round the tumor and into axilla in the neighborhood of the enlarged glands. These were repeated every fifth day until 17 injections were given; then a complete structural change having taken place it was intended to continue

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them at longer intervals, but the patient became ill otherwise, cancer of the liver was found and she died a month later. Each sitting occupied about three-quarters of an hour. The fluid was prevented from running out by smearing collodion over the needle pricks. Considerable pain was experienced, lasting from one-half to one hour. After the immediate painful effect had passed she was more comfortable in every way. In order to avoid making the injection into a blood vessel, Hasse, in his cases, inserted the syringe-needle deep into the tissues, then unfastened it and if blood did not issue from the canula he readapted the syringe and made the injection; if blood did flow out he made another puncture.

Dr. Kuh, of Chicago, reported a case (*Med. Rec.*, April 17, 1897,) of primary cancer of the naso-pharynx treated by injection of absolute alcohol, beginning with three minims, but rapidly increasing to 30. About 23 injections were made and after five months' treatment the naso-pharynx was found to be entirely free.

Pain seems to be the only untoward effect of the procedure. Local anesthesia might be employed, or even general anesthesia might be resorted to for the first injections in sufficiently robust subjects until the treatment itself had reduced local tenderness.

(This would appear to be a measure well worth trying in inoperable cases.)

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

NASAL HEMORRHAGE, CONTROL OF—(*Laryngoscope*, March, 1898.) Gleason has for a number of years packed the nose with lint saturated with oil of vaseline, but for the past year or two has given the preference to hydrogen peroxide. To the efficacy of the two means used the editor can strongly testify. Gleason's method is to take a strip of lint or muslin (gauze or candle wicking is better) one and a half inches wide and eighteen inches long, saturate it and fold near one end over a probe and push it through the bleeding nostril to the pharynx and withdraw the probe. The nose and pharynx are now occupied by a sort of a bag while the short and long ends of the strip of lint project from the anterior naris. The short end should be next to the septum as the bleeding is probably from one of the septal vessels. The long end of the strip is then folded near the ala naris over the probe and the loop carried into the bag within the nose and pharynx which is gradually filled with loops of the strip of lint, thrust firmly into it by means of the probe. The lint can be gradually removed, leaving the last to be removed the second or third day. Leave the packing in at least 24 hours in severe bleeding before touching it. The patient must not touch the nose.

TIC DOULOUREUX—

R Fluid extract black cohosh..... oz. iss.
Fluid extract gelsemium..... dr. iss.
Fluid extract valerian..... oz. i.
M. S. One teaspoonful every four hours.

A FREQUENT SIGNIFICANCE OF EPISTAXIS.—Dr. J. Henry Fruitnight, the author, wished to recall the fact that frequent nose bleed in children commonly accompanies chronic valvular heart disease, mitral obstruction and aortic regurgitation being the common forms. One should always examine the heart and treat its lesions. This will cure the epistaxis.

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FOREIGN BODY IN THE NOSE, URETHRA, ETC.—(*Gaz. Méd. de Liège*, Sept. 10th.) Beugnies. A simple arrangement with which to remove foreign bodies from small passages: A hole is bored in the end of a probe and a thread fastened in it. This is then introduced into the passage and carefully pushed past the foreign body. The string being then held in one hand and the probe in the other, the little whip thus forms a loop, with which the foreign body is easily withdrawn.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

FAURE'S METHOD OF TOTAL ABDOMINAL HYSTERECTOMY is described and illustrated in the *Presse Méd.* of October 19. The abdomen is opened, the surgeon at the left, and the fundus is seized with forceps each side of the median line. With a scissors it is then cut down straight on the median line into the vagina, applying forceps half way down and again to the two stumps of the cervix. Each half then shells out from below upward, like a ripe nut, held only by the utero-ovarian vessels, which are then severed after seizing with forceps. The operation is surprisingly simple and easy. The only disadvantage is the opening up of a possible infected uterus, but the danger from this is slight and can be prevented by touching the lips of the incision with the thermocautery. It is also an easy matter to disinfect the small pelvis afterward if necessary. The method is especially adapted to suppurated adnexa, as they are removed intact and all danger of infection from this source is avoided. It also avoids approaching the lesion from the periphery, which is frequently laborious and dangerous. He considers it applicable to all uteri of normal or slightly more than normal size. Cut in two from above down, the two halves, freed from their lower attachments, roll out from the vagina upward and can be enucleated with remarkable facility.

ASEPSIS AND ANTISEPSIS.—Dr. Howard Kelly, of Baltimore, in discussing the subject of asepsis during operation, said that antisepsis must be the rule before the operation, and asepsis during the operation. We can by antisepsis sterilize all instruments, dressings, etc., but for the hands of the operator and attendants, as well as the field of operation, we are limited to asepsis. Here is the loop-hole for infection. Not enough care is taken in looking after the hands by 99 of a 100 operators. He described methods of making the hands aseptic, preferring the permanganate of potash and oxalic acid method whenever possible; not less than thirty minutes before the operation, and all the time possible prior to the operation, should be devoted to this purpose. It should be the universal rule to touch nothing with the hands that has to be left in the abdomen if one can avoid it.

UNCONTROLLABLE VOMITING (*International Journal of Surgery* May, 15, '97.) after an intra-abdominal surgical operation is usually a sign of interference in the circulation of a vital organ. Its presence is far more ominous than an abnormal pulse, respiration or temperature, and when it has persisted for more than twenty-four hours without any abatement, the idea of reopening the abdomen should be entertained with the hope of relieving some internal strangulation or tension.

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TUBAL PREGNANCY AND VAGINAL CELIOTOMY.—(*Presse Méd.*, Dec 25.) Dürhssen contributes a study of this subject to the *Arch. f. Gynek.*, Vol. xiv, No. 2, describing his *technique* in full, advocating the vaginal route, as the operation is less severe, without shock, or consecutive necrosis or suppuration, and the patient recovers rapidly. He has operated on 14 in this way, all anemic. Eleven recovered by the twelfth day; one died soon after leaving the hospital; one had such hemorrhage that the operation was supplemented with vaginal hysterectomy. In another there was a secondary suppurating hematocele. In his 19 abdominal operations, there were two deaths, two secondary suppurating hematoceles, and one secondary consecutive to the operation. He proceeds the same whether the tube is or is not ruptured: 1. He opens into the abdominal cavity through the anterior cul de sac. 2. Draws down the fundus of the uterus into the vagina with Museux forceps, and then the diseased tube. The peritoneal adherences are usually easily detached. 3. Ligature in stages and section of the adnexa with the thermocautery. 4. He replaces the uterus in the abdominal cavity and closes, separately, the peritoneum and the vagina. If the uterus is retroflexed, he performs vaginofixation. As far as possible, no drainage. Thus performed, vaginal celiotomy does not interfere with future normal pregnancies. He considers that every tubal pregnancy in the early stages should be extirpated as soon as the diagnosis is established. Anemia is not a counter-indication; but he prepares anemic patients by injections of artificial serum immediately before operating. He ascribes the etiology to peritoneal adherences consecutive to perisalpingitis, modifying the shape and direction of the tube, or to catarrhal inflammation of the tubal mucosa, generally of gonococcic origin, which arrests the peristaltic movements of the tube, with the loss of the cilia of the cells. The passage of the fecundated ovum toward the uterus is thus hindered, while the same factors favor the penetration of the spermatozoon. He also admits the possibility of a puerperal atrophy in nursing mothers which would favor the development of tubal pregnancy.

THE LONGEST PIECE OF BOWEL (*Am. Jour. Surg. Gyn.*) removed from the human subject is eight feet—by Dr. F. J. Shepherd, of Montreal. Kocher, of Berne, has removed 6 ft., 10 in.; Koeberle, of Strassburg, 6 ft., 6 in.; Lanphear, of St. Louis, 5 ft., 3 in.; and Elliott, of Boston, 4 ft. Dr. Shepherd's case was one of fibroma of the mesentery in a man 28 years of age, who had first noticed the enlargement of the abdomen over a year ago. He had never suffered any pain. The operation was performed on January 18, 1897, and a round smooth tumor was seen attached in front to the abdominal wall by adhesions, but apparently free at the sides. On enlarging the incision and delivering the tumor it was found that about 2½ feet of gut was intimately associated with its under surface and that the tumor grew from between the layers of the mesentery. To remove the tumor it was necessary to tie a number of mesenteric vessels and this deprived a large amount of gut of its nutrition. Within an inch or two of eight feet of small bowel had to be removed before living bowel could be reached. The two ends were united by immediate suture. The bowel removed was chiefly ileum, only about six inches of the lower end of the ileum being left. There was an attachment of the tumor also to the transverse colon, but it seemed to grow from between the layers of the mesentery. During the operation there was a great deal of shock and three quarts of saline solution were introduced into the veins of the arm. The patient got well without a bad symptom, and, with the exception of a tendency to flatulency and slight diarrhea, he is still well and gaining flesh.

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CORRESPONDENCE.

ORANGE COUNTY MEDICAL ASSOCIATION.

(Regular Meeting, March 1st, 1898, at the office of Dr. J. R. Medlock, the vice-president, Dr. J. G. Berneike, in the chair.)

Dr. Medlock gave a verbal report of one case of face presentation and two of occipito-posterior, of which the following is a short synopsis:

Case I. About 16 years ago I was called to see a woman in confinement. She was a primapara 18 years of age. The waters had been discharged some time before I was called. Upon examination I found the womb partially dilated and a face presentation. I was rather at a loss as to the proper course of procedure in the case, but finally decided to allow nature a chance to do the work of delivery. After 12 or 15 hours of hard pain, the head came down within easy reach and I applied forceps and delivered without difficulty. Perineum was extensively lacerated, but was repaired with good results. The child's face was occupied by the caput-succedaneum and was a most hideous object. At the time I really didn't think of the cause of the deformity, but being an optimist, I told them it would probably be all right in a few days and such proved to be the case. The only peculiarity in the pregnancy was paralysis of the left limb which recovered after confinement.

Case II. After an obstetric practice extending over many years, and embracing many hundreds of cases, I found my first case of occipito-posterior position last fall. Was called to see a multipara with bag of waters already ruptured. Upon examination could feel a rounded tumor through the uterine walls but could not reach the os. After 12 or 14 hours of labor the os had dilated and the head had nearly reached the perineum. At this time progress ceased, and after waiting two or three hours I applied forceps and delivered the child. There was no laceration to speak of and the child was normal.

Case III was almost similar to Case II and occured three months later.

DISCUSSION.

Dr. Dryer: The report of the cases given has been very interesting to me. In my practice I have had many anomalies but as a rule my difficult or fatal cases have not been the anomalous ones but those of ordinary position and presentation. I have had two face presentations. One was a multipara with a roomy pelvis; the 2nd, a primapara, aged 30, with a small pelvis. Child was easily delivered in both cases, without instruments. Have had one case of posterior position of the occiput in which I lost the child, but in a second case the child was saved and the birth was easy and natural. The practice a few years ago was to correct face presentations with straight forceps, but I have never used them as my face presentations were less difficult than ordinary cases.

Dr. Ball: I had a remarkable case here in Santa Ana. Was called to see a woman, aged 25, in second labor. I examined her but was undecided as to the presentation. After each examination I noticed unusual motions of the child. I thought I could feel one ear. When child was delivered it proved to be a monster without a brain and the top of the head was a flat surface extending straight back from the eye brows. The ears projected above. It lived 12 or 14 hours. Two years later saw the same woman in confinement. This time I had a brow presentation and an easy delivery. Two years later still was called in and found another brow presentation which resulted in an easy labor. In both of the latter confinements labor lasted only six or eight hours. Have had only one case where the occiput occupied a posterior position. Delivered with forceps without serious difficulty.

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Dr. Mills: The second case I attended was a face presentation. Delivery was finally effected by natural means after 12 hours of hard work.

Dr. Wilson: Have had two cases of face presentation. In the first there was an immense amount of amniotic fluid, the whole bed being flooded. In the excitement attending delivery the child was drowned. The delivery was uneventful except as to excess of water. The second case I saw was in consultation. I rotated the head with my fingers and child was delivered without difficulty. Have had two cases of posterior position of the occiput, delivery being accomplished by means of instruments in one case and naturally in the other—both children survived.

Dr. Dryer: I make a prediction that within 50 years all obstetrical cases will be cared for in maternity hospitals at public expense.

Dr. Wilson reported an interesting case of dry labor with rigid os. There was not a drop of fluid demonstrated at any time. Tried baths, douches, ipecac, belladonna ointment and chloroform. Finally made a mixture of scotch snuff and sweet oil, and heated it. Saturated tampons with the mixture and applied to the os uteri until the woman vomited and became much relaxed. Afterward had no trouble as the os dilated as soon as the constitutional effect of the drug was apparent.

J. B. COOK, Secretary.

PASADENA, CAL., March 15, 1898.

Editors Southern California Practitioner:

DEAR DOCTORS:—In looking over the reprint of Dr. Scheppegrell's on "The Treatment of Laryngeal Tuberculosis with Cupric Interstitial Cataphoresis," which you kindly sent at my request, I feel impelled to correct an unintentional injustice to Dr. Scheppegrell, which crept into my paper on "Electricity in Diseases of the Nose and Throat," in the last issue of your journal. I there gave credit to Monell for the important closing quotation, which I find from the reprint is due to Dr. Scheppegrell. I was led into the error by finding what I quoted in the department Monell edits for the "Times and Register," and supposed it to be original with him. Let me add that Dr. Scheppegrell's work in this department of Cataphoresis, is pioneer work of a very important character, and those who are interested will do well to keep in close touch with him.

Very truly yours,

GEO. S. HULL.

NEW YORK ACADEMY OF MEDICINE.

SECTION IN ORTHOPÆDIC SURGERY.

(Meeting of December 17th, 1897.)

Dr. A. M. Phelps read a paper entitled: "A Consideration of some of the Pathological and Mechanical Problems of Hip Disease." He presented the view that nature attempted to repair the lesion producing hip disease by inflammatory action, which was a normal process of repair, until the inoculation of germ life which marked the beginning of disease in the area of inflammation. The absence of inoculation gave rise to ephemeral cases of hip disease which rapidly recovered without deformity or disability, but inoculation gave rise to the ordinary type of the disease. If the phagocytes were weakened by the strumous condition of the patient, they failed to destroy the germs. If, however, germ life was destroyed, repair went on and the parts were restored to their normal condition. Cavities and foci produced in the course of hip disease by the slow

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growth of the bacilli of tuberculosis might be inoculated by the rapidly growing pyogenic cocci when a hot and possibly painful abscess appeared and called for the knife and drainage. The adduction, flexion and inward rotation attending the third stage found a mechanical explanation in the fact that when the limb passed 25° of flexion the adductors became internal rotators, the external rotators became abductors and the tensor vaginæ femoris became a powerful inward rotator. In the application of mechanical treatment it should be remembered that the powerful groups of muscles acting upon the thigh did not act on an axis with the shaft but nearly on a line parallel with the axis of the neck of the femur. Lateral traction, therefore, should be made in the line of the axis of the femoral neck and not of the shaft.

Dr. G. R. Elliott said that in hip disease we had a depraved process. The whole system was at a low ebb that tended to favor the devolopment of the disease. He thought that this condition of inactivity required the use of some form of apparatus which did not, as all the instruments now in use did, subject every part of the child's body to great expense for the sake of the hip. The ideal splint of the future would not lock up so much of the body by apparatus, but would fix only the diseased joint.

Dr. R. H. Sayre advocated the use of traction to fix the joint, give it physiological rest and relieve the pressure to which the diseased bone was subjected. He thought that it was difficult to apply lateral traction by a splint, but in bed lateral traction was easily applied, and added to the patient's comfort. In children, however, in whom the neck was nearer in line with the shaft of the femur than in the adult, he believed that longitudinal traction was sufficient. He thought it well to apply massage to overcome the muscular atrophy of the disease, but it took a great deal of care to limit the application to the sound part and not interfere with the inflamed joint.

Dr. T. H. Manley held that all pus accumulations about a joint should be evacuated early and thoroughly. He asked Dr. Phelps's opinion of the intra-articular injection of solutions of iodoform.

Dr. Phelps said that filling a joint with an insoluble compound did more harm than good. If he found a joint in which there was fluid, he evacuated it.

Dr. A. B. Judson said that the destruction of the head and acetabulum was often cited as an evidence of the bad effects of muscular contraction and of the necessity of making traction. He thought that this destruction was rather an evidence of the bad effects of the pressure made by the weight of the body, as patients with hip disease, if unmolested, were in all, except the most advanced stages, on their feet as much as well children. He believed that traction was the best method of promoting fixation and in painful stages it was indispensable, but that removing the weight of the body from the joint was also an indispensable part of the treatment and useful through far longer periods than traction.

Dr. T. H. Myers had made a careful study of the ephemeral cases and believed that the lesion, of whatever nature it might be, was in the bone itself. He would make a distinction between these cases and rheumatic, gonorrheal or other affections of the joint cavity and ligaments. He could not recall any acute case of hip disease which had not been relieved by longitudinal traction alone.

Dr. R. Whitman said that the breaking down of bone appeared to be the effect of a destructive process, aggravated by the friction of the diseased surfaces upon one another, by the weight and strain of use in the attitudes of deformity and by the muscular spasm which forced the diseased parts together. The intensity of the spasm was in direct inverse proportion to the fixation and rest that could be assured. When the patient was recumbent the most important means of fixing

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the joint was traction. The ambulatory brace should remove the weight of the body from the weakened part, but it was so ineffective in fixation that its use should be combined with splinting of the joint. He had always insisted that the hip should be slightly abducted.

Dr. Phelps said that abduction should be avoided. It was one of the difficult conditions to correct in the first and second stages.

Dr. Judson said that in recovery with anchylosis abduction was desirable. It gave a factitious length to a limb which was probably really shortened, and saved the use of a high sole or reduced its height.

Dr. Sayre thought that the limb should be in as nearly normal a position as possible, neither abducted nor adducted.

Dr. H. L. Taylor thought that about five degrees of abduction would compensate for some of the shortening and make the limb more useful.

Dr. Phelps said that anchylosis was due to the severity of the inflammation, the character of the disease, the destruction of bone and contraction of cicatricial tissue about the joint. It was prevented by the use of an apparatus which seized the pelvis and fixed the joint from the commencement of the treatment until the patient was cured. The joint being thus held at perfect rest, nature went on in her effort to cure, uninterrupted by the trauma of motion. The splint was not used to overcome deformity, but merely to hold the limb in a perfectly straight position after the deformity was corrected by bed treatment.

(Meeting of January 21st, 1898.)

CONGENITAL ABSENCE OF PECTORAL MUSCLE.

Dr. Taylor presented a patient who had been brought to him because of asymmetry of the upper part of the chest in front. The patient was a boy six weeks old. There was normal fullness of the right side, while the left side, where the pectoralis major should have been, was much depressed. This was the fifth child of the mother, the others being healthy. Labor was normal. The child moved both arms equally well.

Dr. Whitman presented a boy 16 years old with a similar condition. When five years old he had pigeon-breast. On account of round shoulders and projecting scapulæ he had been brought to Dr. Whitman, who had found a defect of the right pectoralis major due, apparently, to congenital malformation from which the boy had suffered but little inconvenience although he was left-handed. The muscular deficiency had never been recognized. The clavicular part of the muscle was normal, but the sternal part was represented simply by a fold of fibrous tissue which could be brought into prominence by certain motions of the arm. He had considered the possibility of poliomyelitis as a cause, but after seeing Dr. Taylor's patient, he thought the trouble was due to congenital malformation. He had seen a somewhat similar case in which absence of the right pectoral muscle had been accompanied by defective ribs, slight lateral curvature and webbed fingers.

Dr. Myers had the day before seen a patient affected with wry-neck from general shortening of the muscles of the right side. There was also on both sides a very marked depression between the inner border of the deltoid and outer border of the pectoralis major, apparently due to absence or defect of the clavicular part of the large pectoral muscle.

Dr. Sayre said that in a boy who had been brought to him for pigeon-breast, he had found the scapulæ very prominent and an almost complete absence of the right pectoralis major. The disability was not serious. He had referred the condition to an attack of poliomyelitis at the age of three, of which he had obtained

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what seemed to be a credible history. The case might have been, however, an instance of congenital defect of the muscle.

Dr. Elliott did not think that it was possible to exclude poliomyelitis in either of the patients shown. He had seen patients in whom a muscular defect in other parts of the body, at first thought to be congenital, had been found to be the result of poliomyelitis. He thought that cases were not uncommon in which the effects of the disease were limited to a single muscle or even to a part of a muscle.

Dr. Taylor said that in the case of the baby it would be necessary to assume that the disease had been in utero as the condition of the muscle had been present from birth, and the atrophy was so complete that it suggested the absence of development rather than paralysis. If there had been paralysis it must have been at the very beginning of the development of the muscle, since paralyzed muscles retained their fullness for a considerable time.

DEFORMITIES FOLLOWING TYPHOID FEVER.

Dr. W. R. Townsend presented a boy 19 years of age, who had complained of spinal pain and stiffness since recovery from typhoid fever last February. The vertebral column was very rigid with a slight curve toward the right in the lower dorsal region and a posterior curve of the lower dorsal and the entire lumbar region. There were also a number of swellings distinctly connected with the bone in different parts of the body, resembling the cold abscesses of tubercular subjects and syphilitic nodes. They were not very soft and there was no fluctuation. The general health had been poor since the fever. Parsons, of Johns Hopkins University, had described such swellings as appearing several months after typhoid fever. He had found in them the typhoid bacillus, the staphylococcus and the bacillus coli communis, and had advocated total extirpation of these foci.

Dr. Sayre thought the boy might be suffering from hereditary syphilis, which had first made it appearance when his health was broken down by the attack of typhoid fever. If local treatment was necessary the foci might be incised and scraped and packed from the bottom. As the epiphysis is involved in several instances enucleation would endanger the usefulness of the joints. He called attention to the girdle-mark which is a pathognomonic sign of disease of the spine, and advised treatment as of an ordinary case of tuberculous disease of the spine.

Dr. V. P. Gibney advised that a trial of anti-syphilitic treatment be followed by general constitutional treatment, the administration of cod-liver oil, etc. He could see no advantage likely to follow cutting out the foci. Spinal rigidity after typhoid fever was due to a mild periostitis about the points of exit of the nerves. He thought that forcible correction with anesthesia would be excellent treatment in this case. He had seen a number of typhoid hips. One of them was under treatment by repeated forcible motion under anesthesia followed by massage.

Dr. Whitman thought that the spinal deformity was the most important feature of the case and that it required immediate correction. He said that the girdle-wrinkle was not caused by muscular spasm, but was simply a fold in the abdominal wall, answering to the projection backwards, which had taken the place of the normal lumbar lordosis.

Dr. Sayre said that he had noticed the girdle wrinkle in many cases. It would be higher or lower according to the location of the disease. It was due to muscular spasm, which accompanied any muscle subject to irritation and joint inflammation. It was diagnostic of Pott's disease and was present even when there was no appreciable projection.

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Dr. Townsend said he had not thought seriously of taking the foci out as to do so would, in nearly every instance in the patient in question, involve opening into a neighboring joint. He would put the boy upon anti-syphilitic treatment and later would probably consider the other suggestions made.

CONGENITAL MALFORMATION OF THE LOWER EXTREMITIES.

Dr. Gibney exhibited photographs of a boy 12 years old whose limbs were normal above the knee but remarkably deformed below. The right leg had no fibula, while the tibia was greatly curved. The foot had only three metatarsal bones and two of the toes were webbed. The left leg was longer than the right and the left foot was clubbed and the bones very much atrophied. The astonishing part of it all was the way in which the boy walked. He got about very well indeed. Deformity: Talipes equino-valgus right side, talipes equino-varus left side. It had been decided to amputate the feet in the anterior two-thirds and have the boy fitted with artificial legs.

ABSCESSES WITH PERFORATION OF THE BLADDER.

Dr. Myers related the case of a boy 10 years old who had left hip disease with many sinuses and waxy liver. A discharge of urine from a sinus in the inguinal region continued for two weeks. No pus was noticed in the urine. For a time there was pain in the lower part of the abdomen. The urine contained hyaline and granular casts, a few pus cells attached to casts, no sugar and a small amount of albumen. Specific gravity 1010. The child was kept lying on the opposite side. Dr. Myers also related the case of a girl 15 years old who had many abscesses from the disease of the left hip. An abscess appeared above Poupart's ligament on the right side with abdominal pain. The muscles of the abdominal wall were rigid. Large quantities of pus were painfully passed with the urine. The abscess, after extending towards the left, ruptured, and with the escape of a quart of purulent fluid the pus disappeared from the urine. Both of the patients recovered from the perforation. In the first patient the flow was from the bladder outward, in the second from the abscess into the bladder. He also recalled two cases in which there was intestinal perforation with discharge of intestinal contents through the sinus. Both patients speedily died.

Dr. Townsend recalled a case of psoas abscess in which pus passed for three years through a perforation in the rectum.

Dr. Sayre recalled a case of hip disease in an adult in which an abscess discharged through the bladder. The patient survived the complication ten years and is still alive. In another patient in whom both hips were diseased on one side there was perforation into the intestine with escape of gas from an external sinus. □ This hip recovered with motion, while the other hip, in which there was no abscess, recovered with anchylosis.

RESOLUTIONS ON THE DEATH OF DR. E. A. PRAEGER.

The faculty of the Medical College, of which Dr. Praeger was a member, passed resolutions, not merely of a perfunctory character, but out of the abundant respect in which their late confrere was held, as follows:

"WHEREAS, death has removed from us our most esteemed colleague, Dr. E. A. Praeger, one whom we had all learned to love for his personal worth, strength of character, high ethical ideals and keen sense of honor; one whom we respected for his unusual ability as a surgeon, and admired for his courage; one who has always and under all circumstances upheld the dignity of his profession, and contributed not a little to the advancement of medical ethics and education in Southern California; therefore be it

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"*Resolved*, that we hereby express our genuine sorrow in that the faculty has lost an earnest worker, the profession a man of highest ability and probity, and the city a citizen of unquestioned integrity. Be it further

"*Resolved*, that we extend to the afflicted family our heartfelt sympathy."

J. H. UTLEY,
GEO. L. COLE,
F. D. BULLARD,
} Committee.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Mar. 3, 1898, the following certificates were granted:

BAILEY, CHAS. A., 4868, Los Angeles, Med. Dept. Univ. Vermont, June 28, 1878.
BARKAN, LOUIS, 4869, San Francisco, Univ. Wurzburg, Barvaria, Germany, Feb. 6, 1869.
BARRETT, GILBERT M., 4870, Berkeley, Belleve Hosp. Med. Coll., N. Y., Mar. 25, 1895.
BENNETT, E. G., 4871, Little Shasta, Rush Med. Coll., Ill., Feb. 25, 1878.
CHURCH, B. F., 4872, Los Angeles, Coll. Phys. & Surg., Baltimore, Md., Mar. 15, 1888.
COX, J. EMIT, 4873, Los Angeles, Central Med. Coll., Mo., Mar. 4, 1895.
CUMMINGS, WM. M., 4874, San Diego, Coll. Phys. & Surg., Keokuk, Ia., Mar. 1, 1881,
EWER, EDWARD N., 4875, Oakland, Med. Dept. Univ. Mich., June 30, 1892.
GUNN, CHRISTOPHER, 4876, Alameda, Queen's Univ., Ireland, June 22, 1874; Kings & Queens' Coll. Phys. & Surg., Ireland, Jan. 10, 1877.
JOHNSON, ELZA DELNO, 4877, Salem, Ore., Med. Dept. Willamette Univ., Or., March 31, 1897.
JOSLEN, OTTO CHESTER, 4878, San Diego, Detroit Coll. of Medicine, Mich., May 4, 1893.
KLONK, F. W. MAX, 4879, San Francisco, Baltimore Med. Coll., Md., April 17, 1894.
MCADORY, ROBERT JOHN, 4880, Pasadena, Med. Dept. Univ. City of New York, May 4, 1897.
MCCLELLAND, JAMES L., 4881, Anderson, Cal., Cooper Med. Coll., Dec. 8, 1897.
STIVERS, CHAS. G., 4882, Lamanda Park, Med. Dept. Univ. Penns., May 1, 1891.
THOMPSON, J. GOODWIN, 4883, Oakdale, (Lien Certificate) Med. Dept. Univ. Cal., Nov. 20, 1894.
TRACY, COYLE JOHN, 4884, Los Angeles, Baltimore Med. Coll., Md., Apr. 13, 1897.
VAN WIRT, JAY D., 4885, Redlands, Albany Med. Coll., N. Y., Mar. 7, 1883.
WADE, CHARLES ERNEST, 4886, Portland, Ore., Med. Dept. Univ. Ore., Apr. 5, 1897.
WHITING, HENRY CHARLES, 4887, Santa Cruz, Chicago Med. Coll., Ill., Mar. 27, 1888.

CHAS. C. WADSWORTH, M.D., Secretary, 1104 Van Ness Ave

THE DAUGHTER, HER HEALTH, EDUCATION AND WEDLOCK. Homely Suggestions for Mothers and Daughters. By Wm. M. Capp, M.D. Philadelphia. The F. A. Davis Co., London. F. J. Rebman.

This is a short, sensible collection of homely talks on matters essential to health, and the moral and physical welfare of young woman. It is judicious in its statements without being prudish; it panders to no corrupt tastes and yet in well chosen language discusses private matters which are apt to be persistently ignored. It is a book that the physician can heartily endorse, and recommend that it be in the hands of every woman who either is or ever intends to be married.

A MODERN PATHOLOGICAL AND THERAPEUTICAL STUDY OF RHEUMATISM, GOUT, RHEUMATOID ARTHRITIS AND ALLIED AFFECTIONS. By Edmund L. Gros, M.D., of the Faculty of Paris.

The application of Betul-ol, a compound liniment of methyl-salicylate which is absorbed by the skin almost immediately, and may be traced in the urine five minutes after application, is an efficient, new and exceedingly unobjectionable method of use of the salicylates. For acute articular rheumatism the plan laid down seems most sensible and gives excellent promise of success without the ordinary drawbacks of salicylic medication.

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SOUTHERN CALIFORNIA PRACTITIONER.

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

DEATH OF DR. E. A. PRAEGER.

Never before in the history of Southern California has the profession met with so great a loss as it sustained in the death of Dr. E. A. Praeger. Although a resident here only four years, the profession had learned his merit, and had this year unanimously chosen him president of the County Society. He was a man of high ideals, a close observer of medical ethics, a staunch upholder of the high standing of his profession. Square in his dealings with patient and brother practitioner, energetic in behalf of the good of his calling, fearless in his denunciation of medical wrongs, honorable in word and deed, the better loved by his associates the better he was known—first of all a gentleman—a physician of the old school who kept commercialism entirely out of his practice—such a man was Dr. Praeger.

As a surgeon he was courageous, successful and honest. He never shrank from what he considered his surgical duty. He never refused to operate from a fear of hurting his own record, he never operated for the sake of doing something.

He was a young man, but 43 years of age, a native of England and a graduate of Glasgow. He practiced in Africa a short time and in England.

Some 15 years ago he had his first attack of blood poisoning and was ill for nearly a year. After his recovery he came to British Columbia, and built up a large practice besides being surgeon to the Vancouver Mining Company, who employed over 1000 men. Owing

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to the illness of his little daughter he sacrificed this fine position and his practice and came to Los Angeles. He held various important offices in the Society, was a regular attendant at all medical meetings, was elected a member of the faculty of the medical college, and last year the PRACTITIONER was fortunate in securing him for its editorial staff.

In September, 1896, he had a second prolonged attack of septicemia. Latterly, for several months, he suffered from persistent pain in the right iliac region accompanied with gradual loss of weight and a slight fever.

At his urgent request an operation was performed March 10th. No cause was found for his symptoms, the appendix was removed according to his instructions, and the wound closed. On the 12th he became alarmingly ill and died the 13th. The autopsy revealed the fact that his pain had been due to adhesions binding down the colon, and his death was caused by septic peritonitis. It seemed, indeed, the irony of fate that so eminent a surgeon should succumb to so simple a procedure. When knowingly facing death, he left word thanking the operator and exonerating him from all blame. The utmost care had been taken, and the untoward result seems to have been the outcome of auto-infection.

Dr. Praeger leaves a widow and three children. The qualities which endeared him to his associates made him a most beloved husband and father.

THE STATE SOCIETY.

Southern California members of the State Medical Society should remember that the annual meeting will be held in Fresno on April 19–21. Our northern colleagues have met us more than half way, for while Fresno is about half the distance to San Francisco, when the whole state is considered it is in Southern California. There is another and far more weighty reason, why the southern members should attend in large numbers and that is, our own Dr. Bard is president. The southern physicians should by all means stand by our popular presiding officer. There is a need that we make an especial exertion to be present, for the meeting is held in a small city, and there might be a lack of sufficient numbers to make an interesting meeting, if the society depends on local attendance largely. Fresno physicians are few in number, but will, we know, give the society a warm welcome. Moreover, it is good policy to hold a session in the San Joaquin valley, this meeting in different sections being a strong cement to professional unity. But the holding of the session in a smaller city makes it imperative upon the metropolis of the south to send a large delegation.

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NON-TRAUMATIC HEMORRHAGE.

Bleeding from a cavity is usually alarming to the patient in proportion to the inaccessibility of its source. The amount of loss does not so generally constitute a factor of apprehension.

A nasal hemorrhage of eight ounces will scarcely detain one from business for an hour. From two to four ounces may be passed with the bowel movement daily for years without exciting especial alarm. An ounce from the stomach demands immediate attention; while half an ounce, or even a teaspoonful from the lungs seems of serious import.

Apparently intuitional, this estimate is probably a deduction. Bleeding involves an escape from the containing vessels, usually because of a solution of continuity, a rent, a rupture or an erosion. Being thus essentially mechanical, if within easy reach of restraining applications, the apprehension is proportionately diminished.

Probably no other disease manifestation, so varied in its origin, and so threatening in its results, is so arbitrarily treated as is non-traumatic internal hemorrhage; and quite naturally the consequent dissatisfaction contributes more largely to skepticism in medical measures than any other one fact. Its treatment is on the border line between the field of the physician and that of the surgeon. The source, out of reach, may not be subjected to cautery, pressure or ligation. Styptics are blindly dropped into the stomach, or poured into the rectum, frequently in shotgun style, alike as to the number of ingredients and the scatterment of the charge. The matter of incompatibility is contemptuously ignored; and the graver the condition, the more alarming the waste, the more conglomerate and irrational are likely to be the medical means appealed to for relief. With perhaps the single exception of uterine hemorrhage, the arrest of bleeding is to be effected most generally, if at all, by the induction of vaso-motor paresis. The employment of vaso-motor excitants, for the purpose of cutting off the blood supply, might possibly be rational could their action be limited to the territory involved.

Uterine hemorrhage, as a typical illustration, has given rise to the indiscriminate employment of ergot. This drug, directly a representative vaso-motor excitant, is indirectly as vigorous an excitant of striped muscular fiber. It is more frequently given for the arrest of hemorrhage of the cavities, from whatsoever cause save trauma, than any and every other remedy. Yet it is of recent record, that a persistent case of cervical bleeding that had alike resisted ergot and surgical means as well, on further investigation proving of specific origin, yielded promptly to the administration of potassium iodide.

Another coming under our observation in a patient approaching the

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climacteric, various surgical measures, including two curettings, with ergot pushed to the limit all of which had failed—the condition being associated with headache, yielded promptly to the employment of gelsemium—a vaso-motor paralyzant—combined with one of the coal-tar products. Attention has lately been called to the fact that in some cases of uterine hemorrhage in middle life, the cause is quite evidently arterio sclerosis, a condition quite beyond the influence of the excito-motor nerves, and manifestly to be made worse by the furrows of the curette.

While vigorously pressing ergot in the treatment of uterine fibroid we have seen it induce a most persistent diarrhea, doubtless by its influence on the peristaltic muscles; yet how often is it given for the control of intestinal hemorrhage. A protective clot stands poor chance of adhesion under its gripe. More perilous than here is the employment of this dangerous drug in cerebral or in pulmonary bleeding.

While the vessels of the brain have no vaso-motor nerves, yet by induced constriction elsewhere, the blood pressure within the cranium may be disastrously increased.

The same is practically true in regard to pulmonary hemorrhage. For while its effect on the vaso-motor nerves may be measurably neutralized by the cardiac depression consentaneously induced, we believe it nevertheless effects sufficient vascular contraction both locally and generally to interfere with nature's repair by clot.

The incompatibles opium and acetate of lead in other years topped the list in the treatment of hemoptysis; the former to quiet the nervous excitement, steady the heart, and thus indirectly reduce the blood pressure, while the latter paralyzed the bladder and bowels above their sphincters, necessitating the use of catheter and cathartics by way of diverting the patient from the main issue. Opium still holds firm position in the list of trustworthy aids in the control of bleeding, and if limited absolutely to the use of a single remedy, it would be the selection of a large proportion of practicians of extended experience, especially of those who themselves have bled. Access to a full list however compels it to share honors with several synergists whose cooperation is more likely to bring about prompt results and less likely to leave the patient victim to a relentless habit.

The one drug which instantly lowers blood-pressure is amyl-nitrite; that which maintains the reduction safely, administered in small doses and at long intervals is its congener nitro-glycerine. A third which in most instances may be safely trusted to reinforce the latter, and in many to take the place of both, is antipyrine.

Since hemorrhage signifies emergency, demanding all possible

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promptness of treatment, a few whiffs of amyl-nitrite by inhalation should at once be given, its effects being stated to the patient, a hypodermic injection of morphia, alone, or preferably with atropia should follow with deliberate speed. Nitro-glycerine by the mouth in selected dose should be administered three times daily under careful surveillance, and antipyrine midway between. These are the digits to the physicians right hand in his endeavor to put under arrest the life current as it escapes from an invisible, inaccessible crevasse. The surgical means of venesection might possibly meet the emergency better by the hemorrhagic diversion and consequent mechanical reduction of general blood pressure. But it is repulsive and not available for frequent repetition and the maintenance thus of continous effect.

It is all important that the attendant be self-poised, and be able, within the limits of a reasonable probability, to inspire hope or to reinforce that which may already have come to the patient's support. Death in hemorrhage is sufficiently infrequent to justify, in most cases, an assurance of arrest. At least two cases have come under our observation where fatal termination was clearly attributable to psychic shock.

EDITORIAL NOTES.

DR. J. P. FRIZELL, of Escondido, has gone to Klondike.

DR. O. C. JOSLEN, of Traverse City, Mich., has located in San Diego.

DR. WM. H. PERDOMO, a physician of Anaheim, died March 5, of consumption.

DR. M. F. PRICE has gone to Yuma, hoping the change will benefit his health.

AT the last meeting of the Kern County Medical Association Dr. J. L. Carson, of Bakersfield, read a paper on Antotoxemia.

THE regular annual special course, in surgery, gynecology, skin and venereal diseases, of the Chicago Policlinic will commence April 11, 1898, and continue three weeks. The course will be eminently practical, and comprises an elaborate and comprehensive presentation of these subjects.

THE Health Officer is annoyed by the laxity of physicians in reporting the births which they attend. There is a punishment prescribed for this misdemeanor and it would be well to give the matter attention. A new form has been issued by the Health Officer for physicians' reports of deaths. The need of a hospital for contagious diseases is very much felt, and Dr. Powers is now ascertaining what can be done in disposing of the pest-house and procuring in lieu thereof the site for such a hospital.

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THE books, instruments and excellent microscope belonging to Dr. Praeger are at Dr. Utley's office, room 212 Bradbury block. They are for sale at reasonable rates.

DRS. MORSE AND CROWLEY, of the State Board of Health, after visiting the insane asylums to ascertain the proportion of consumptives among the patients, agree that the State should at once establish four hospitals—one at each asylum for their care. At Napa alone they constituted one-tenth of the inmates.

THE new building of the New York Skin and Cancer Hospital was opened March 5, with appropriate ceremonies, Dr. A. Jacobi and L. Duncan Bulkley making addresses. This is the only institution of the kind in the United States. During the 15 years of its existence, 25,031 patients have been treated, of which 2872 were in-patients.

DR. P. C. REMONDINO, of San Diego, gave a banquet March 11, at his residence in honor of Dr. Robert Nicolls, who on that date entered the fiftieth year of his professional life, having graduated in the same class with Prof. R. Beverly Cole, of San Francisco, at the Jefferson Medical College, Philadelphia, 49 years ago. It was also the thirty-fifth anniversary of Dr. C. M. Johnson, of El Cajon, the thirty-third anniversary of Dr. Remondino, the thirty-second of Dr. R. J. Gregg, the twenty-seventh of Dr. P. J. Parker, and the twenty-sixth graduation anniversary of Dr. J. C. Hearne, who all graduated from the same institution. The above-named were present to celebrate their admission to the medical profession, with the exception of Dr. Gregg, who was detained by illness. The following friends of the graduates were guests at the banquet: Drs. Abbott, Hulbert, Burnham, Goff, Steade, Powers, Magee, Baker, Rupp, Valle, Gochenauer, and Doig. Mayor Reed, Judge Luce, Judge McDonald, Senator Withington, Messrs. O. J. Stough, Simon Levi, L. A. Wright and Clark Alberti. The occasion was a most enjoyable one for all, forming a professional reunion which will long be a cheerful remembrance.

BOOK REVIEWS.

A CLINICAL TEXT BOOK OF SURGICAL DIAGNOSIS AND TREATMENT FOR PRACTITIONERS AND STUDENTS OF SURGERY AND MEDICINE. By J. W. McDonald, M.D., Graduate in Medicine of the University of Edinburgh, Professor of the Practice of Surgery and of Clinical Surgery in Hamlin University, Minneapolis. With 328 illustrations. Philadelphia: W. B. Sanders, 925 Walnut street. 1893. Cloth, $5. ½ mor., $6.

From the title of this book it is plain to see that it deals with the two absorbing questions of practical surgery, "what is the matter?" and "what shall be done for it." While in no wise belittling the need or value of a knowledge of etiology, bacteriology or pathology, this particular work confines itself to the vital subjects of diagnosis and treatment. It goes about the investigation in a systematic, painstaking way, and it is the comprehensive minuteness of directions as to the

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examination of the patient that gives the especial value to this book. The technique of the operations of course is most carefully considered, a thing rendered possible in a volume of 700 pages, by the fact that the matters discussed are by design limited to these two topics.

There are many questions arising in operative surgery as to what is the best to do, how it can be best done, including in its last query every possible detail as to material and dressings. For instance, in the past few weeks the reviewer has been present at two operations for gall stones. The question arose as to what suture material to use to stitch the gall bladder to the parietal wall. The old authors say silk. McDonald rightfully, we believe, advocates silkworm gut, which can be removed in a few days. The carrying out of this suggestion in one of these cases saved a secondary operation to close up a biliary fistula.

Under appendicitis, to cut or not to cut is the perplexing question. McDonald says (page 279): "The third day, at the latest, should decide the question. If on the third day the case continues to grow worse, or shows no signs of improvement, operate." This applies only to such cases as have no signs of abscess or perforation. Either of these two test conditions demand an immediate interference. This seems to the reviewer to be both conservative and safe surgery.

The method of illustrating cerebral localization, on page 458, by having a small figure of a man bent about the Rolandic fissure, is both unique and instructive. Surgical diagnosis, embracing the most recent advances in surgical knowledge, is the chief scope of this book, of operations there are many methods and many plans. The author describes in full that which he deems to be the best adapted. But when the investigation of the condition is being made there is only the settling of what is the matter to be considered. McDonald essays to do for surgical diagnosis, what Vierordt has done for medicine, give a succinct résumé of the symptoms and differentiatious essential to a correct appreciation of the pathological condition present. But from the nature of the subject matter it deals with the macroscopic largely rather than the microscopic, hence it is practical rather than minutely scientific. With almost the entire medical world, especially the younger generation of practitioners, looking to surgery, it seems there will be a demand for systematic works of this sort. McDonald tries to give in one volume the essentials of diagnosis and he also points out what he regards the best in treatment. As a *clinical* text book it will stand high.

SAW PALMETTO. Its History, Botany, Chemistry, Pharmacology, Provings, Clinical Experience and Therapeutic Applications. By Edwin M. Hale, M.D. Author of "New Remedies," etc, Philadelphia. Boericke & Tafel. 1898. 55c by mail.

This book is from the homeopathic standpoint, and while we know Saw Palmetto as an excellent drug and use it for quite the same diseases as here discussed, the methods of arriving at certain conclusions we cannot, of course, appreciate. On page 76, the author touches upon what has always seemed to me a marked fallacy in homeopathic provings. "How many melancholic dyspeptic and rheumatic patients are there who have aches and pains and twinges every day and become so accustomed to them that they come and go as a matter of course and are forgotten as soon as gone? But let them begin a proving, their minds are on the *qui vive* and down goes every ache and pain with scrupulous regularity to be incorporated into the next new materia medica." Hence the provings are the symptoms of the sick man, rather than the results of medication.

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 *February, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born		Caucasian	African	Mongol
Deaths from all causes	123	14.33	72	51	18	7	63	35		118	3	2
Deaths under 5 years	17											
i. Specific infectious diseases	9	1.05	2	7		1	6	2		9		
ii. Diseases of the digestive system	15	1.84	5	10	5	1	7	2		14	1	
iii. Diseases of the respiratory system	37	4.33	22	15	3	2	19	13		34	1	2
iv. Diseases of the nervous system	18	2.09	11	7	3	1	7	7		17	1	
v. Diseases of the circulatory system, blood and ductless glands	19	2.21	14	5	2		13	4		19		
vi. Diseases of the genito-urinary organs	11	1.28	9	2	1		6	4		11		
vii. Constitutional diseases	1	.10		1			1			1		
viii. Intoxication, violence, accidents	4	.46	4			1	4	2		7		
ix. Miscellaneous diseases	9	1.05	5	4	4	1		1		9		
i. Septicæmia	1			1				1		1		
Pyæmia												
Diphtheria	1			1		1				1		
Erysipelas												
Typhoid fever	2		1	1			1	1		2		
Malarial Fever												
Scarlet fever												
Measles												
Pertussis												
Cerebro-Spinal Meningitis												
Small Pox												
Tuberculosis	2		1	1			2			2		
Influenza	1			1			1			1		
Dysentery	2			2			2			2		
Syphilis												
Tetanus												
Carbuncle												
Anthrax												
ii. Diseases of the Œsophagus												
Gastritis	1		1				1			1		
Gastro-Enteritis	3			3	2			1		3		
Cholera infantum												
Peritonitis	1			1			1			1		
Entero-Colitis	3		2	1	3					2	1	
Appendicitis												
Typhilitis												
Intestinal obstruction	4		1	3		1	2	1		4		
Diseases of the liver	3		1	2			3			3		
iii. Membranous Croup	1			1		1				1		
Bronchitis	2		2				2			2		
Pneumonitis	8		5	3	2		5	1		7	1	
Pleuritis	1		1					1		1		
Phthisis	25		14	11	1	1	12	11		23		2
iv. Diseases of the brain	17		10	7	3	1	6	7		16	1	
Diseases of the spinal cord												
Neuritis	1		1				1			1		
Eclampsia												
v Diseases of the Heart	16		12	4	2		10	4		16		
Degeneration of the Arteries	2		2				2			2		
Aneurism												
Anæmia	1			1			1			1		
Diseases of the Ductless Glands												
vi. Uræmia	1		1		1					1		
Acute Bright's Disease												
Chronic Bright's disease	5		4	1			2	3		5		
Nephritis	4		3	1			3	1		4		
Diseases of the Genito-Urinary Organs	1		1				1			1		
vii. Rheumatism												
Gout												
Diabetes												
Inanition												
Senility and Asthenia	1			1			1			1		
viii. Alcoholism												
Opium habit												
Suicides												
Violence and accidents	4		4			1		1		4		
x. Tumors—malignant	3		2	1			2	1		3		
Tumors—non-malignant	1		1					1		1		
Other diseases	5		2	3	4	1				5		

L. M. POWERS, M.D., Health Officer.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of February, 1898.*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	69	47	58	0
2	77	48	62	0
3	78	50	64	0
4	78	46	62	0
5	62	42	52	0
6	60	48	54	.03
7	57	51	54	.25
8	68	46	57	.03
9	68	40	54	0
10	69	43	56	0
11	72	42	57	0
12	74	44	59	0
13	80	46	63	0
14	85	52	68	0
15	84	49	66	0
16	55	45	50	T
17	62	48	55	0
18	62	46	54	0
19	68	41	54	0
20	73	45	59	0
21	63	48	56	0
22	64	46	55	0
23	61	42	52	0
24	61	52	56	0
25	66	50	58	T
26	70	48	59	.17
27	72	50	61	0
28	70	50	60	0
29	..	..	..	....
30	..	..	..	....
31	..	..	..	....
Mean	69	47	58	....

SUMMARY

MONTHLY RANGE OF BAROMETER:

Mean Atmospheric Pressure, 30.08.

Highest pressure, 30.30, date 1.

Lowest pressure, 29.86 date 17.

Mean Temperature, 58°.

Highest temperature 85°, date 14.

Lowest temperature 40°, date 9.

Greatest daily range of temperature 35°, date 15.

Least daily range of temperature 6°, date 7.

MEAN TEMPERATURE FOR THIS MONTH IN

1878		1885	57°	1892		54°
1879	56°	1886	60°	1893		55°
1880	51°	1887	51°	1894		51°
1881	59°	1888	54°	1895		57°
1882	51°	1889	56°	1896		60°
1883	52°	1890	54°	1897		53°
1884	56°	1891	53°	1898		58°

Mean temperature for this month for 20 years, 55°

Average excess of daily mean temp. during month 3°

Accumulated excess of daily mean temp. since Jan. 1, 53°

Average daily excess since January 1, 1°.

Prevailing direction of wind, W.

Total movement of wind, 2588 miles.

Maximum velocity of wind, direction, and date, 17m, W., 9.

Total Precipitation, .51 inches.

Number of days with .01 inch or more of precipitation, 4.

Mean Dew Point, 45°

Mean Relative Humidity, 71 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881	.36	1887	.9.25	1893		2.27
1882	2.66	1888	.77	1894		.49
1883	3.47	1889	.92	1895		.46
1884	13.37	1890	1.36	1896		T
1885	T	1891	8.56	1897		5.62
1886	1.38	1892	3.19	1898		.51

Average precip'n for this month for 20 years, 3.29.

Total deficiency in precipitation during month, 2.76 inches.

Total precipitation from Sept. 1897, to date, 4.30 inches.

Average precipitation from Sept. 1 to date, .72 inches.

Total deficiency from Sept. 1, 1897, to date, 8.08 ieches.

Average precipitation for 7 wet seasons, 25.97 inches.

Number of clear days 11, partly cloudy days 12, cloudy days 5.

Dates of frost, 9, 10, 11.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., FEB., 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cld'y	WIND Direction	Total Mov't
Los Angeles	58.	85.	40.	30.08	71.	4	.51	11	12	5	W	2,588
San Diego	55.	75.	42.	30.07	75.	1	.06	23	2	3	NW	3,738
Santa Barbara	55.9	82.	40	....	74.	4	.97	17	4	7	W	2,586
Yuma	62.1	84	40.	.....	.....	0	.0	22	5	1	.....	.....
Riverside	57 3	86.	36.	.....	.....	....	.12	14	7	7	W	.....
N. Ontario	53.6	78.	34.	.....	.....	....	1.11	23	3	2	.....	.....
San Bernardino	56.2	85.	33.	.....	.....	....	.60	16	10	2	W	.....
Pasadena	55.7	80.	42.	.....	.....	....	.50	19	0	9	.....	.....
Redlands	54.4	76.	38.	.....	.....	....	.60	21	0	7	W	.....
Santa Ana	53.2	86.	39.	..	.....	....	....	13	0	15	S	.....

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane, Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal

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OUR ADVERTISERS.

HYDROZONE AND GLYCOZONE IN THE TREATMENT OF GONORRHEA.

PRESCOTT, ARIZONA, August 16, 1897.

To the Editor of the New York Medical Journal:

SIR: My attention has been attracted to an article published in your journal for July 3d, by Dr. J. A. Silverman, of Butte, Montana. The writer states that no antiseptic has been discovered that will destroy the gonococcus without doing injury to the mucous membrane. As I presume that he is open to conviction, I submit to you for publication the following report of three cases which I have successfuly treated during the last few months with hydrozone and glycozone, which I consider not only harmless but the most powerful healing agents that I have ever used in my practice of 35 years.

Case I. A man called on me on June 20th, with gonorrhea of four weeks' duration, with profuse discharge, micturition painful, and an acute burning sensation along the entire urethral tract. Pus sacs had formed in the canal, the meatus was inflamed, and the gonococcus was active, as determined by microscopical examination. I prescribed injections of one part of hydrozone and ten parts of sterilized lukewarm water, an ounce for each injection, four times daily. After two days I reduced the proportion to one part of hydrozone and fifteen parts of lukewarm water, and I directed glycozone mixed with an equal amount of glycerin pure to be injected on his going to bed. The diet was not restricted, but no stimulants were permitted. In two days no gonococcus could be detected. The discharge was lessened, the pain and difficulty in micturition had ceased, and in twelve days the patient was well. Continence was imposed for two weeks. Doses of bromide of potassium and bicarbonate of sodium were administered from time to time in order to make the urine alkaline and quiet the patient.

Case II. A married man had contracted blennorrhœa from a woman who had the whites. The same treatment was ordered, and with such satisfaction that the woman also was brought for examination and treatment. Result, a cure in each case within three weeks.

Case III. A man, fifty years old, contracted gonorrhœa from a woman of the town. As the patient lived in the country, 20 miles out, no treatment was given until ten days after infection. Aggravated symptoms of gonorrhea were present, and there was chordee every night; the patient, to use his own expression was "plumb wild." The hydrozone injections were ordered, one part to twenty, owing to the great sensitiveness of the urethra and the possibility of orchitis if a stronger injection was used, as there was a slight swelling of the testicles. The glycozone, diluted with equal parts of pure glycerin, was ordered at night. I also gave glycozone internally in medicinal doses, to allay a gastric disturbance due to nervousness. In this case the treatment was continued for 25 days. I sent my patient to his cattle ranch happy.

WARREN E. DAY, M. D.

RHEUMATISM.

There are many cases of rheumatism in its various forms, which otherwise prove most obstinate and unyielding, but which can be cured speedily and thoroughly by the use of Tongaline Liquid, or Tongaline Tablets, or Tongaline and Lithia Tablets, or Tongaline and Quinine Tablets, as the conditions may indicate, all to be taken at short intervals and washed down with plenty of hot water, as hot as the patient can bear it.

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This treatment can be supplemented by the local application of Tongaline Liquid; or the disturbing effects of internal medication upon an irritable stomach and sensitive nerves can be avoided by the external use of Tongaline Liquid alone.

The affected parts should be sponged first with alcohol, then with Tongaline Liquid, and cloths saturated with the remedy held in apposition by oiled silk bandages, applying heat by a hot water bag or other convenient method to facilitate absorption. Tongaline Liquid, in like manner, may be given externally by the aid of electricity.

A PRE-ANTITOXIN MORTALITY OF 40 PER CENT. REDUCED TO 3.6 PER CENT.

Prior to the introduction of Anti-Diphtheritic Serum, the mortality from diphtheria at the Harper Hospital, Detroit, averaged for a number of years 40 per cent. According to the 34th annual report of the Hospital authorities, as published in the February number of the *Harper Hospital Bulletin*, page 73, 141 cases were treated at the Hospital during 1897, with the following results:

	Cases.	Deaths.	
Ordinary Diphtheria	115	1	
Laryngeal Diphtheria	26	6	
	141	7	
Excluding 2 cases Moribund on admission	2	2	
	139	5	
Mortality under Antitoxin Treatment			3.6 per cent.

The antitoxin employed exclusively in Harper Hospital during 1897 was the Anti-Diphtheritic Serum of Parke, Davis & Co.'s Biological Department, and the remarkable reduction displayed in the death-rate reflects the highest credit on the efficacy of this matchless product.

NEURECTOMY FOR TIC-DOULOUREUX.

Bernays' "Report of a Surgical Clinic," complimentary to the members of the Mississippi Valley Medical Association, contains the following, in reference to his patient's condition and treatment before neurectomy for tic-douloureux was decided upon:

"Case V.—The patient, aet. 50, white, female. Family history: Has one sister who suffered from emotional insanity; otherwise the family history is good. Previous health excellent. The present trouble began with a severe neuralgic toothache, localized in the right lower molars. Paroxysms of pain were of daily occurrence, and most severe in the mornings about breakfast time. The pain subsided temporarily whenever the teeth were pressed firmly together or upon any substance held between them, but only to return when the pressure was withdrawn. The presence of anything cold in the mouth immediately produced the most exquisite pain; moderate heat produced a soothing effect. After two months the pain became continuous, and four molars were extracted without in any way relieving it. On the contrary, the pain increased in severity until October, when it ceased entirely for a period of two weeks, and then returned as severely as before. Another tooth was sacrificed, but without relief; the pain became continuous until last June, when it again subsided for a period of six weeks. A recurrence then took place together with an involvment of the parts supplied by the second branch of the fifth nerve. Pain has been constant until the operation. She had strenously avoided the use of narcotics, but during the

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more active periods of pain, antikamnia in ten-grain doses was found to be an efficacious obtunder." After describing the neurectomy, Prof. Bernays says: "Eight weeks have now elapsed since the operation, and no recurrence of the trouble has taken place."

DR. A. M. RITTER, of Milo, Ohio, January 29th, 1898, writes: I wish to speak especially of the merits of Papine, as an analgesic and sedative. I have had success with it when all other remedies of like character had failed. One case in particular of intestinal indigestion, in a child 12 months old, attended with a great amount of pain, and extreme nervousness, and insomnia. The remedy worked like a charm in relieving pain, and giving rest. The remedy was given in five-drop doses to begin with, as required to give rest and relieve pain. Papine was used in this case for at least six months, in increasing doses, without doing the least harm. It has been now three months since Papine has been discontinued, and the child is in perfect health. I consider Papine one of our most valuable remedies as a pain reliever and nerve sedative in well selected cases.

GESTATION. ACCIDENTS PREVENTED.

The rule of many physicians is to administer Dioviburnia in teaspoonful doses, four times a day one week before the time for periods, during the last three months of gestation. Experience has convinced them that Dioviburnia not only prevents miscarriage, but also facilitates parturition. To obtain satisfactory results great care should be taken to avoid substitution by always indicating "Dios" and sending your prescriptions only to such druggists as would not be guilty of this nefarious business.

W. IRVING HYSLOP, M.D., 4408 Chestnut street, West Philadelphia, Pa., says: I have used Celerina quite largely both in private and hospital practice, and with gratifying results. It is void of repugnant taste and is readily retained by the stomach. My experience with Celerina has been confined chiefly to its use in nervous diseases, particularly loss of nerve power, and the opium habit, in which conditions it has served me well, and I shall continue to prescribe it both in private and hospital practice.

THE ONE OF MANY.

Among the testimonial letters received from physicians by the manufacturers of Imperial Granum, is one in which they take even more than usual pride, and from which we quote as follows: "I am sending you a photo of my little two-year old boy, who has been raised nearly altogether on Imperial Granum. He was very delicate, and we had a great deal of trouble with him owing to his weak digestion, and I feel that your Imperial Granum saved his life. He never tires of it, and it is the only one of the many prepared foods that seems to agree with him."

Samples of this justly celebrated dietetic preparation are sent to physicians on request.

A REMOVABLE CAUSE OF CONSUMPTION.

Keating in his work "Diseases of Children" says, that bad air is notoriously influential in causing consumption. Regular disinfection of closets, cellars, cuspidors, sinks and waste-pipes with Platt's Chlorides will insure pure air in the home.

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SANMETTO IN INCONTINENCE OF URINE.

I used Sanmetto in a case of a lady, 40 years of age, who could not retain her urine for more than one hour for years. She had been under treatment before, without any remarkable result. I put her on teaspoonful doses of Sanmetto four times daily, and her improvement was very marked, and she is now practically cured. I desire to keep Sanmetto on hand, as there is nothing better to fill its place in such cases.

Milwaukee, Wis. FRED A. GOEDECKE, M.D.

HAGEE'S Cordial of Cod-liver Oil Comp. may be prescribed irrespective of the digestive organs, or the season. It can be administered without difficulty, and it has a decided advantage in being entirely devoid of any fishy or greasy flavor, and so is readily taken by the most sensitive patient

---

BLENNOSTASINE IN LARYNGEAL AND BRONCHIAL COLDS.

I have made use of Blennostasine with the following results:

I have prescribed it in the treatment of three singers, who were using their voices every night at theaters, and who, at the time of coming to me, were suffering from acute laryngeal and bronchial colds; two of them were of the character of grip. I gave them one grain of Blennostasine every half hour during the day, and succeeded in cutting short their nasal colds in a remarkable degree, and in diminishing the congestion of the larynx. I think we have, in this drug, a very useful remedy in aborting coryzas and acute laryngeal colds, and much prefer it to preparations of belladonna

C. C. RICE, M. D.

THE TREATMENT OF ENDOMETRITIS.

One of the chief aims of treatment in cases of endometritis is to employ measures which will contract the distended vessels in the mucous membrane of the uterus, to re-establish normal circulatory conditions, and thus favor the absorption of exudates in the tissues. These cases often come under the observation of the general practitioner at a time when a cure can be accomplished by efficient topical medication, without the necessity of resorting later to curetting or the application of caustic application to the uterine mucosa. Formerly, medicated vaginal tampons were much employed for this purpose, but recently a more convenient, agreeable and serviceable means has been presented to the profession, in the form of a wafer. Micajah's Medicated Uterine Wafers combine all the advantages of the medicated tampon with a number of special properties. They are much more readily applied than the tampon, so that part of the treatment can be intrusted to the patient; and their application is therefore to be preferred both on the score of cleanliness and convenience. Aside from these obvious advantages, however, they are composed of ingredients, all of which exert an antiseptic, alterative, and healing effect upon the inflamed uterine mucous membrane. Under their continued use the congestion gradually subsides; the engorged vessels assume their normal calibre; the mucous secretions disappear, and exudates are absorbed. But even in cases where the process is so far advanced that the operative measures are called for, the Medicated Wafers will be found an extremely valuable adjunct in the treatment.

J. H. GOETHE, M. D., Varnville, S. C., says: Celerina was given to a patient suffering from nervous prostration, the result of habitual alcoholic excess. Under its administration his system was not only renovated, but he was enabled to overcome the habit of indulging in strong drink, and is now enjoying good health. I regard Celerina of great value to the profession.

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SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

THE MILK SUPPLY OF THE CITY OF LOS ANGELES.*

BY L. M. POWERS, M.D., LOS ANGELES, CAL.
CITY HEALTH OFFICER.

The reason I selected this subject for the evening, is not to show what the Health Department has or has not done in a sanitary way towards regulating the milk supply, but rather because I thought it would be of interest to you, and would cause you to give us a helping hand in educating the consumers of milk to appreciate the necessity of securing this article pure and wholesome, for it is used more extensively than any one article in the diet of the sick. I will endeavor to present the facts to you without coloring, and in order that you may the better appreciate the existing conditions and the quality and characteristics of the milk supply of the City of Los Angeles, I will give you a few essential points in producing and marketing milk, by reading some of the rules laid down for dairymen by the Assistant Chief of the "Dairy Division, Bureau of Animal Industry," Washington, D. C.

FIFTY DAIRY RULES.

THE OWNER AND HIS HELPERS.

1. Read current dairy literature and keep posted on new ideas.
2. Observe and enforce the utmost cleanliness about the cattle, their attendants, the stable, the dairy, and all utensils.
3. A person suffering from any disease, or who has been exposed to a contagious disease, must remain away from the cows and the milk.

THE STABLE.

4. Keep dairy cattle in a room or building by themselves. It is preferable to have no cellar below and no storage loft above.

*Read before the Doctors' Social Club, February, 1898.

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5. Stables should be well ventilated, lighted, and drained; should have tight floors and walls and be plainly constructed.
6. Never use musty or dirty litter.
7. Allow no strong smelling material in the stable for any length of time. Store the manure under cover outside the cow stable and remove to a distance as often as practicable.
8 Whitewash the stable once or twice a year; use land plaster in the manure gutter daily.
9. Use no dry, dusty feed just previous to milking; if fodder is dusty, sprinkle it before it is fed.
10. Clean and thoroughly air the stable before milking; in hot weather sprinkle the floor.
11. Keep the stable and dairy room in good condition, and then insist that the dairy, factory, or place where the milk goes, be kept equally well.

THE COWS.

12. Have the herd examined at least twice a year by a skilled veterinarian.
13. Promptly remove from the herd any animal suspected of being in bad health, and reject her milk. Never add an animal to the herd until certain it is free from disease, especially tuberculosis.
14. Do not move cows faster than a comfortable walk while on the way to place of milking or feeding.
15. Never allow the cows to be excited by hard driving, abuse, loud talking, or unnecessary disturbance; do not expose them to cold or storms.
16. Do not change the feed suddenly.
17. Feed liberally, and use only fresh, palatable feed stuffs; in no case should decomposed or moldy material be used.
18. Provide water in abundance, easy of access, and always pure; fresh, but not too cold.
19. Salt should always be accessible.
20. Do not allow any strong flavored food, like garlic, cabbage, and turnips, to be eaten, except immediately after milking.
21. Clean the entire body of the cow daily. If hair in the region of the udder is not easily kept clean it should be clipped.
22. Do not use the milk within 20 days before calving, nor for three to five days afterwards.

MILKING.

23. The milker should be clean in all respects; he should not use tobacco; he should wash and dry his hands just before milking.
24. The milker should wear a clean outer garment, used only when milking, and kept in a clean place at other times.
25. Brush the udder and surrounding parts just before milking, and wipe them with a clean, damp cloth or sponge.
26. Milk quietly, quickly, cleanly, and thoroughly. Cows do not like unnecessary noise or delay. Commence milking at exactly the same hour every morning and evening, and milk the cows in the same order.
27. Throw away (but not on the floor, better, in the gutter), the first few streams from each teat; this milk is very watery and of little value, but it may injure the rest.
28. If in any milking a part of the milk is bloody or stringy or unnatural in appearance, the whole mess should be rejected.
29. Milk with dry hands; never allow the hands to come in contact with the milk.

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30. Do not allow dogs, cats, or loafers to be around at milking time.
31. If any accident occurs by which a pail full or partly full of milk becomes dirty, do not try to remedy this by straining, but reject all this milk and rinse the pail.
32. Weigh and record the milk given by each cow, and take a sample morning and night, at least once a week, for testing by the fat test.

CARE OF MILK.

33. Remove the milk of every cow at once from the stable to a clean, dry room, where the air is pure and sweet. Do not allow cans to remain in stables while they are being filled.
34. Strain the milk through a metal gauze and a flannel cloth or layer of cotton as soon as it is drawn.
35. Aerate and cool the milk as soon as strained. If an apparatus for airing and cooling at the same time is not at hand, the milk should be aired first. This must be done in pure air, and it should then be cooled to 45 degrees if the milk is for shipment, or to 60 degrees if for home use or delivery to a factory.
36. Never close a can containing warm milk which has not been aerated.
37. If cover is left off the can, a piece of cloth or mosquito netting should be used to keep out insects.
38. If milk is stored, it should be held in tanks of fresh, cold water (renewed daily), in a clean, dry, cold room. Unless it is desired to remove cream, it should be stirred with a tin stirrer often enough to prevent forming a thick cream layer.
39. Keep the night milk under shelter so rain cannot get into the cans. In warm weather hold it in a tank of fresh, cold water.
40. Never mix fresh, warm milk with that which has been cooled.
41. Do not allow the milk to freeze.
42. Under no circumstances should anything be added to the milk to prevent its souring. Cleanliness and cold are the only preventives needed.
43. All milk should be in good condition when delivered. This may make it necessary to deliver twice a day during the hottest weather.
44. When cans are hauled far they should be full, and carried in a spring wagon.
45. In hot weather cover the cans, when moved in a wagon, with a clean, wet blanket or canvas.

THE UTENSILS.

46. Milk utensils for farm use should be made of metal and have all joints smoothly soldered. Never allow them to become rusty or rough inside.
47. Do not haul waste products back to the farm in the same cans used for delivering milk. When this is unavoidable, insist that the skim milk or whey tank be kept clean.
48. Cans used for the return of skim milk or whey should be emptied and cleaned as soon as they arrive at the farm.
49. Clean all dairy utensils by first thoroughly rinsing them in warm water; then clean inside and out with a brush and hot water in which a cleaning material is dissolved; then rinse and lastly sterilize by boiling water or steam. Use pure water only.
50. After cleaning, keep utensils, inverted, in pure air, and sun if possible, until wanted for use.

There are over 200 different kinds of dairy bacteria found in milk and its products new and old. The characteristics of many of these are still unknown.

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One finds a difference in kinds as well as numbers of bacteria in milk of cows kept in pasture, and milked in the open air and in cows continuously stabled.

For convenience, Mr. Pearson has divided dairy bacteria into three classes, as follows:

1st. Harmless bacteria.

2nd. Useful bacteria.

3rd. Harmful bacteria.

The first variety is the most numerous of any form, and are not of much significance, except that they are not in the milk when first secreted, and consequently suggests the entrance of other germs.

The second form is the chief cause of certain kinds of aroma or flavor of butter, and the different varieties of cheeses are due to the kinds of bacteria that grow in them.

The third class is the most important of any, and may be divided into two sub-classes; those having an injurious effect on the milk, and those not apparently affecting the milk, but the health of the consumer of such milk.

Certain bacteria may be indirectly injurious by producing conditions favorable for other germs which are directly injurious, but not able to grow in milk until its nature has been changed. Types that color the milk, that form gas, or that produce a disagreeable flavor are objectionable. There are bacteria that cause milk to be bitter and others that cause ropy cream. A great many of the common bacteria may create poisonous toxins, and then there are the germs of specific infectious diseases which may gain entrance into the milk and cause sickness in the consumer; for instance, typhoid fever, diphtheritic and tubercular bacteria.

There are 200 dairies registered, with over 4000 head of milk cows, and I presume that there are at least 500 head of milk cows, within the city, owned by families, which are not registered with the health department. The dairies vary in characteristics from good to bad, in as many degrees as it is possible for the owners to differ in knowledge, industry and capital. Some own the stock and land enough to produce the necessary food for their cattle, while others own the cattle with just sufficient land to corral them upon, and there are many who only own the cattle which are kept upon rented ground; hence you see why so many dairymen are not provided with all the necessary accessories for conducting their dairies in a sanitary and business-like manner.

But few deem it necessary to separate the sick cattle from the herd of milk cows except for the purpose of preventing the well ones from horning or injuring the sick or weak. The keeping of cattle in a clean and wholesome condition for sanitary reasons is an exception instead of the general rule. In fact it seems utterly impossible to teach some of the dairymen the first elements in ordinary cleanliness in the stables and pounds.

Many of the cows have mud and manure clinging to their sides and udder until it dries and falls off, and quite often while being milked. We fear many dairymen and their employees continue to perform their work when sick, even if of a contagious nature, regardless of consequences to the consumers of milk.

Milkers are generally untidy and deem it meddlesome fastidiousness, or uncalled-for interruption to request them to wash their hands or even to keep themselves in as neat and cleanly a condition as an ordinary laborer. They look upon milking as the dirtiest of work and prepare for it accordingly. But little attention is given to cleaning or dusting off the cows before milking, and the few who do, use their hands or whisk brooms. The milkers have two forms of milking, known as the dry and the wet. The dry method is preferable to the wet, unless the udder is wiped dry with a towel after washing off with water,

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otherwise the drippings fall into the milk below. Some dairymen have the habit of milking in their hand or dipping their hand into the milk bucket and washing the udder to soften the teats.

The cows are often fed on dry food while being milked, thereby increasing the chance of bacteria entering into the milk.

The milk is not removed from the stables immediately and often held and cooled in the stables, where the air is foul and dirty.

The aeration of milk removes the cowy odor, reduces the temperature and inhibits the growth of germs and thereby prevents souring and the formation of poisonous toxins. The process of cooling is often conducted by placing the milk cans in the same trough from which the cows drink, and in addition to absorbing the odors from the droppings, receives flies, gnats, and so on.

I have known of only one dairyman who did not cool his milk before taking it to market, for it is generally known among dairymen that milk will keep much longer when cooled.

Cleaning of the cans and buckets is not always satisfactory, where a limited amount of water is used, and too often of a very low temperature. But few dairymen appreciate the necessity of removing more filth from the can or bucket than is plainly visible to the careless observer.

The greater portion of the milk is delivered in the city after it is from 8 to 12 hours old. For instance, dairymen milk at 6 P. M., and deliver the same milk the following morning, and often wide-mouthed vessels, without any covering, are set out on the back porch where the air is full of foul dust to receive the milk for some delicate person.

The amount of milk consumed by the people of Los Angeles is 10,000 gallons per day, which will average, according to our inspection, in butter fat, 3.8 per cent, in solids, including butter fat, 12½ per cent., in water 87½ per cent. Our inspections of milk have ranged from 1 to 6 per cent. in butter fat, from 7 to 16 per cent. solids, from 84 to 93 per cent. in water.

A very common practice is skimming or separation of the cream from the milk, and many dairymen who own separators and Babcock testers succeed in mixing their milk, and keeping it just above the required standard. The adulteration of milk has been carried on to a great extent in the City of Los Angeles. Besides the mercenary objects, one great reason for which is that the people of this section seldom act with confidence in one another and as a unit in correcting public evils.

The articles added to milk to increase the profits to the salesmen are water, fats, sugar, starch and coloring matter. And to prevent milk from souring and thickening various patent remedies, sold as antiseptics or preservatives, which are composed generally of one of the following ingredients, boric acid, salicylic acid, and formalin, which we find are used during the warm days almost universally. During the past summer several dairymen were troubled very much with ropy or stringy milk. Some of them appreciating the cause cleaned up their places, handled their milk with more care and succeeded in removing the cause, while others, who were more obstinate and prejudiced, held to their own way and did not succeed in removing the ropy condition.

Several times we have been called upon to investigate the cause of bitter milk, but invariably found the milk bitter when first milked, and that the cows had been fed upon wild wormwood.

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TREATMENT OF WOUNDS OF THE EYEBALL.*

BY H. BERT ELLIS, B.A., M.D., LOS ANGELES, CAL.

Mr. President and Fellow-Workers: I present this paper with no apology, for nearly every practitioner will have during his medical career a few cases of injuries to the eyeball to take care of; and we may therefore spend, with profit, a few minutes in the discussion of the principles involved in the treatment of such cases.

In a surgical sense a wound is a solution of continuity caused by an external agency, and not the result of disease; while from the standpoint of medical jurisprudence it is interpreted as any lesion resulting from external violence, whether accompanied by a rupture of the external integument or not. In the latter sense there are many injuries to the eye which may be called wounds, and which may cause serious trouble, amounting to even total blindness; such, for instance, as hemorrhage into the anterior chamber, dislocation of the lens, and detachment of the retina. These, we will not stop to discuss in this paper, for lack of time, but we will confine ourselves to the consideration of wounds from the surgical standpoint. For the purpose of aiding in the discussion, let us classify wounds of the eyeball according to the part of the eye injured: conjunctival, corneal (superficial and penetrating), scleral and ciliary.

Wounds perforating either the cornea or ciliary region may involve both the iris and the crystalline lens. When first called to see an injury of the eye, having located its position and extent, we must take into consideration the instrument by which it was caused, whether clean or dirty, and whether there yet remains within the eye a piece of the instrument, or the whole of it; and that brings us to the first principle in treatment, the cleansing of the wound. Within the conjunctival sac may be found, even in the healthy eye, many bacteria of different kinds, but these, as a rule, may be ignored, being non-pathogenic. If the conjunctiva be diseased, however, and pus is found in the conjunctival sac, or lachrymal canal, we have a more serious condition to deal with on account of the liability of the pathogenic bacteria involving the fresh wound. Under ordinary circumstances I have found a solution of boracic acid, varying in strength from 5 to 15 grains to the ounce, a useful and sufficiently strong antiseptic, being bland and non-irritating. If we have pus, however, it may be the part of wisdom to at once wash out the conjunctival sac with a solution of bichloride of mercury, 1 to 5000; a stronger solution I have found has a tendency to increase rather than diminish the inflammatory conditions.

Wounds of the conjunctiva (where the conjunctiva alone is involved), be they slight or extensive, if produced with clean instruments, or if seen soon after occurrence, usually yield promptly and kindly to mild treatment, simply washing or irrigating the conjunctival sac with a warm boracic solution. If the instrument inflicting the wound or injury was septic, the eye may first be washed with a solution of formaldehyde, 1 to 2000; or a 1 to 5000 solution of corrosive sublimate.

Non-perforating wounds of the sclera usually need no further treatment than those of the conjunctiva, unless in the ciliary region. Occasionally it may be necessary to put in a catgut suture or two to prevent a superficial wound from penetrating.

In the ciliary region I believe absolute rest is essential and the utmost watchfulness of such an eye. In addition to the generally mild antiseptic treatment in

*Read before the Twentieth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 1 and 2, 1897.

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these cases, it may be necessary to use atropine or eserine, depending on existing conditions, and the use of ice or hot water applications; ice at the beginning, or when seen early, and hot applications if inflammatory symptoms have already set in.

Wounds of the cornea vary from a mere scratch of the epithelium or puncture, to complete laceration; from a wound that may heal in 24 hours to one that necessitates the removal of the eyeball. Unlike injuries of the conjunctiva, a very slight wound of the cornea may be a very serious thing, for they are more easily infected; and infection of the cornea usually results in more or less haziness of the same. The cornea is that portion of the eye which most frequently is injured. Foreign bodies, iron or steel chips, emery sparks, and forge chips, cut, burn, tear and frequently lodge in the cornea; and in removing a foreign particle from the cornea, unless the operator is careful of his instruments he may infect a wound himself. The wound may become infected from the condition of the conjunctiva or lachrymal duct; and when the cornea does become infected we are liable to have ulceration and pus accumulated in the anterior chamber; in such cases we must destroy the local ulcer. This may be done with the actual or galvano-cautery, by scraping, by the use of caustics or hydraulic curetting with corrosive sublimate solution; and, in addition to this, sulphate of eserine should be instilled into the conjuctival sac, in order to facilitate the absorption of the discharge of pus from the anterior chamber.

The second great principle in treatment of injuries to the eyeball, is rest. Every injury, be it ever so slight to the eye, will heal more rapidly and kindly if the eye has absolute rest. Too frequently, however, this factor is ignored in apparently slight injuries. If an inflammatory condition of the conjunctiva of the lachrymal canal exists there is little time for special treatment of these structures, yet it is our duty to relieve these conditions to the best of our ability.

In perforating injuries of the eyeball we must distinguish between those in which the iris, ciliary body and lens are involved and those in which these structures are not injured. The cornea is frequently perforated with the result of the iris becoming incarcerated in the wound. In such cases, if the prolapsed portion of the iris be small, it should be replaced, if possible, great care being exercised to injure the iris as little as possible, and to introduce no septic material. If, however, the perforating instrument was not aseptic, it is probably better surgery to clip off the prolapsed iris, first drawing it out gently. There are two good reasons for this procedure: the first is, there is great danger of the recurrence of the prolapse of the iris, even though atropine or eserine be used; and the second is, that be we ever so careful we are likely to so injure the iris that inflammation is usually set up. After this is done, if there be no foreign material left within the eyeball, the eye may be irrigated with a boracic acid solution, the lids closed and covered with pieces of lint or gauze wrung out of corrosive sublimate solution of 1 to 10,000, and this covered with oiled silk.

In case the lens has been injured in a perforating wound of the cornea, complications may arise of a serious nature, even though no septic material be introduced. In case the capsule of the lens is lacerated to a considerable extent a glaucomatous condition of the eye is liable to be set up by the increased pressure caused by swelling of the lens fibres on the filtration angle. In such cases it is usually well to keep the eye under atropine, and if the lens swells rapidly to open up the anterior chamber and remove as much of the lens debris as possible.

I have here for your inspection a small piece of steel, which has the following history: Mr. G. M. L., aged 62 years, came to my office on July 12th last, with

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the left eye considerably inflamed and suffering not a little pain, saying that two days previously, when opening a lard bucket with a chisel, something flew into his eye, but as nothing was visible he did not pay much attention to it. The next day the conjunctiva became reddened and the eyeball painful—so much so that the second night he scarcely slept. On examining the eye I found the vessels of the ciliary region considerably injected, the pupil small, the iris muddy, and the lens quite opaque on the nasal side. After a careful examination I found a foreign body which had penetrated the cornea near the sclero-corneal margin, and had been driven into the iris and lens. I made a slight cut into the cornea at the point of entrance, introduced a fine pair of forceps and removed this piece of steel, which is about one-third of an inch long, and which was chipped off from the edge of the chisel. It entered the eye vertically and made such a small wound that on the second day it was a little difficult to tell where the perforation had taken place. I put the man's eye to rest, used a boracic acid solution for irrigating them, and used hot applications for half an hour at a time, several times during the 24 hours. The inflammatory condition quickly subsided, and the man has an eye that looks well, although it is not useful, as the cataract has increase sufficiently to prevent vision.

In other cases perforation of the capsule may be so slight that but a small quantity of the aqueous humor gets into the lens, and the result is a traumatic cataract. In other cases, it may be of medium extent, where a certain portion of the lens fibres escape, swell and become absorbed, more fibres then escape, these in their turn swell and become absorbed until finally the greater portion of the lens is absorbed, and the vision still remains. In these cases the expectant treatment is pursued. In cases where a foreign body remains within the eyeball itself, there can be no set rule as to the method of treatment. If it be a particle of steel or iron the electro-maguet may be used for its removal. If it is visible in the anterior chamber the opening in the cornea may be enlarged and a pair of forceps introduced through the opening, and its removal effected. Any foreign body in the anterior chamber should be removed even if iridectomy is necessary. In cases where the foreign body is lodged in the lens or in the vitreous humor it is often a serious question as to whether we shall attempt its removal or let it remain, running the risk of sympathetic ophthalmia.

In perforating wounds of the sclerotic, the choroid and retina are ordinarily involved, but if the inflammatory conditions accompanying such wounds can be kept in hand it is better to save the eyeball, even though it atrophies to a considerable extent, than it is to remove it. In such injuries the vision is nearly always destroyed.

Bradbury Block.

DIPHTHERIA.*

BY WM. B. BULLARD, M.D., LOS ANGELES, CAL.

It is not my purpose to give, neither do I believe it is your desire that I should enter into any minute detailed account of the pathology of diphtheria. Instead, I will relate a little of my experience with diphtheria, in its earliest history; also, my method of treatment, both *past* and *present*.

To the practitioner nowadays diphtheria is no new disease. But 39 years ago, when I commenced the practice of medicine, and for nearly two years later, I had never *seen* nor heard of the disease called diphtheria. My first experience with this

*Read before the Los Angeles County Medical Association, March 4, 1898.

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(then) new disease was in September, 1861, occurring in a family of four children, all of whom had it. Two of the children died. Malignant tonsillitis, or putrid sore throat, was my diagnosis—but I soon after learned, or knew, it to be the new disease called *diphtheria*.

As I said, this was my *first* experience—*four cases, lost two.*

From that time on for two or three years, the disease prevailed as an *epidemic*, spreading over the entire eastern section of the State of Maine, and in some towns and localities, proving very fatal; almost depopulating certain neighborhoods and families of their children. For instance, in the next town east from where I resided, having a population of less than 1000, in 12 months' time—100 died of diphtheria; *50* in *one school-district*; and in one family having 12 children, all died except two—the oldest and youngest.

Did I attend all these cases? Perhaps some of you may be mentally asking—well, *no*, I did not attend all of them, I am happy to say.

In this one school district, referred to, where 50 died, there were four regular physicians in attendance (besides one or two quacks); one being the local physician of the town, one from the adjoining town east, and two from the adjoining town west, in which I lived. The local physician had but a few cases, while the rest of the patients were about equally divided between the other three physicians.

On referring to my memorandum book, to refresh my memory of the number of patients that I had lost in that district, I can positively recall only *three*—possibly there might have been one more.

And that *record*, which speaks for itself, was what first gave me prominence as having better success with diphtheria, than what other physicians were having in that section. From that time on, for several years, yea, as long as I remained there (which was up to the time I came to Los Angeles 11 years ago), I am quite sure that I had a large majority of all the diphtheria cases, in the 11 surrounding towns, which then constituted my regular field of practice. And not unfrequently was I called to diphtheria cases, outside of these 11 towns. In one particular instance do I remember of driving 25 miles into a newly settled part of the country, which was as far as I could go with a carriage, and then crossing the rapids of the Penobscot river in a bateau where it required two skilled boatman to manage the boat with safety, and then riding on horseback eight or ten miles farther to a new plantation settlement where some eight or ten children were sick with diphtheria.

I also well remember, at one time in the winter season, of driving 50 miles in chilly, blasting winds, over hills and through snow-drifts to see diphtheria patients, where several families having children sick with this disease, had clubbed together and sent a messenger for me to come and treat them.

Having thus given you a little idea of the *prevalence* of this disease in its early history, and the extensive territory of my field of practice—I hope you will not think me egotistical or disbelieve me—when I state that previous to my coming to Los Angeles, I had treated over 3,000 cases of diphtheria.

Now a word in regard to *treatment* which to *me* has always been *the* most essential point.

Quite early in the history of this disease, I became convinced that diphtheria was a *primary blood poison*, and the fibrinous exudation upon the mucous membranes only a characteristic effect.

On this blood poison theory, I reasoned to myself like this: Knowing any person to be so infected with blood poison, which in all probability would speedily prove *fatal*, unless some timely remedy be employed to neutralize or counteract said poison (no matter of what nature the poison may be): What should be our

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rational treatment? Simple remedies, small doses at long intervals, or potent remedies with sufficient quantity and frequency as to get the earliest possible results?

Which is demanded, the *mild* or *heroic treatment*? *Heroic* treatment is my *motto* in diphtheria, and the carrying out of this idea in practice is the secret of my early success.

Remedies. I will briefly state what has been, and *still is* my main reliance for internal treatment in diphtheria, viz., tinct. ferri. chlorid. and alcohol in some form (tonic and stimulant). With me these are *the* two invaluable, indispensable remedies, the quantity and frequency varying according to the symptoms developed in each individual case. Of course, I do not wish to convey the idea that these two are the only remedies that can be used with success; there may be, and doubtless are, other remedies that may produce equal results.

There are, also, many helps that may, and *should be*, called into use, in the treatment of diphtheria—and applied according to circumstances and *indications;* such as antiseptic sprays, gargles, powders in the throat and nasal passages and in some cases inhalations, medicated or steam, to aid in dissolving the diphtheritic membrane. Also external applications if needed.

Antitoxin. My first case, when antitoxin cost $5.00 a dose, and *how I was frightened into its use.* The case was of an adult, a married woman. She contracted the disease by the almost criminal and shameful carelessness of her husband, who, while in Chicago on business, had the diphtheria, was sick two weeks, and, without changing his under flannels came home, and his wife took the disease from washing said underwear. She was taken sick in the night with chills, severe headache and sore throat. I saw her the next morning about 10 o'clock, with the following symptoms: Pulse 160, temp. 107.2, enlarged and inflamed tonsils, with the commencing of the characteristic membranous deposits. These symptoms *greatly* alarmed me, and deeming it essential to get the earliest possible results, I determined to use the antitoxin in connection with my usual treatment. I therefore had my son, Dr. F. D. Bullard, administer the antitoxin, yet all the while continuing my usual treatment, which, together with the antitoxin, speedily destroyed the virulence of the poison, which was making such progress, and very satisfactory results were obtained in a short time; which results made me feel friendly toward antitoxin, and antitoxin and my treatment have worked together harmoniously ever since (in 20 cases).

I have another interesting case, in which the antitoxin was *not* used. Only a few days since—it is my latest case—a little girl two years old. The mother told me, that three years ago they had lost a little girl of diphtheria between three and four years old, who was sick only a little over 48 hours; and the symptoms of this child were exactly the same as hers were. Symptoms: Pulse 120, temp. 104.5°, respiration 44, and somewhat labored, surface of body hot, face reddish purple, enlarged tonsils with grayish white exudation, enlargement of the glands on left side of neck, *languid* and *stupid*, was taken sick in morning and grew worse up to the time I saw her, 6 o'clock P.M.

This was a case where I thought the assistance of the antitoxin would be very acceptable; but it being inconvenient to get it that night, I concluded to wait until morning, and put her on the following treatment: To a solution of muriate of ammonia, I added tr. ferri. chlor., so as to get 8 or 10 drops to the drachm—one teaspoonful to be taken every hour for six hours, afterwards every two hours; also to take two drachms brandy every two hours. Not liking so much enlargement of the glands, I applied about the neck and throat, from ear to ear, a thick paste of

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antiphlogistine (an antiseptic as well as antiphlogistic), to remain on during the night.

Called early next morning, and found patient sitting up in her crib, playing with her dolls. The mother said that about 2 A.M. the fever left, and she breathed as easy and seem to sleep as natural as ever, till 7 o'clock when she woke up bright and had eaten quite a good breakfast. Iron was ordered after meals for two or three days.

DIPHTHERIA: REPORT OF CASE.*

BY F. D. BULLARD, A.M., M.D., LOS ANGELES, CAL.

All inflammations of mucous membranes due wholly or in part to the Klebs Loeffler bacillus, whatever the site, extent, intensity or character of the exudate, are diphtheritic. Within this membrane, and produced by the bacilli, there is formed the toxin of diphtheria. This toxin on being absorbed changes the albuminous bodies of the tissues into "tissue poisons." Antitoxin acts by neutralizing the toxin, it has no effect on either the germ nor the organic tissue poison. Hence the necessity of giving it early, and in large doses, in order to antidote the diphtheria poison, before that toxin has had time to convert normal tissue into dangerous albuminoses which produce fever, paralysis, prostration and fatty degeneration of heart and kidneys. Given in its right place and proper dosage, the chemical reaction between toxin and antitoxin is as certain as any other chemical change. Given too late, after the formation of the tox-albuminoses and toxic organic acids, it is bound to fail if these end-products are already numerous enough to occasion extreme heart, kidney or nerve lesions. Antitoxin does not stop the fever, paralysis, nephritis or heart failure directly, it has not the slightest effect on the tissue poisons already generated. It comes in and annihilates the offending body, and prevents any manufacture of new poison. This shows both the virtues and the limitations of antitoxin. It is the greatest discovery of the last decade. It ranks with the great discoveries of the century. Anesthetics, antiseptics and antitoxin are the medical trinity of the age. Great as are the former, and on them has been built the kingdom of surgery, the latter is still greater and forms the first great foundation stone of future medicine.

Antitoxin is not a "wonder;" it is a cold scientific fact. Its successful application in diphtheria to man marks not a mere advance in therapy, but is a distinct epoch in the history of the race. Bio-chemistry holds the keys of life. Diphtheritic antitoxin is the first one that man has forced from nature.

My experience with the antitoxin treatment began with a failure, for I used it on the fifth day of a phlegmonous diphtheria with enlarged glands. This case died five days later from paralysis of the heart, after the clearing up of the throat. The next 10 cases have all been successful. All were seen early and all were so markedly influenced by the antitoxin that I can not but admit that at last we have a true specific.

The following is a brief history of case No. X:

Ada H. Age 10. Was taken sick Feb. 17, with nausea and headache. On the next day she was croupy, losing her voice on the 19th; as she continued to grow worse with dyspnea, loss of appetite and mental dullness, I was called in the 20th. I found her as described, with a pulse of 128, respiration 28 and temperature 101.5°, coated, dry tongue. The throat was red but no membrane visible. I used a diagnosis tube, and at once gave an injection of antitoxin, 1000 units, P. D. & Co. I put her on tonic treatment, strychnia 1-60 gr. every four hours. Iron 7½ m.

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every three hours, a drachm of brandy every two hours. Milk, toast, soup, etc., for nourishment. For the coughing spells I had her inhale steam.

Feb. 21. Condition about the same. Bacteriological report showed Klebs-Loeffler bacillus. Gave 1000 units. Also immunized other children, aged three months, three years and fourteen years. Feb. 22–23. Some albumen in urine. Feb. 24–25. Traces of albumen. Feb. 26. No albumen. Feb. 27. All the symptoms, pulse, temperature and respiration normal. Mar. 1. Voice returned. Mar. 4. Bacteriological examination reveals bacilli still present. No albumen in urine of immunized patients.

Case XI. Rosa R. Age 19. Servant in the family of No. X. March 1. Taken sick with intense headache, nausea and vomiting, tonsils very red, membrane on right tonsil in morning. Membrane twice as large by night, also the uvula, tonsils very angry about the membrane. Gave antitoxin 1000 units. Put on strychnia 1-30. Iron 7½ m. every four hours. Brandy and milk every two hours. Passed a restless night. Temperature 101.5. Pulse 120. Bact exam. showed bacillus.

March 2. Gave 2000 units antitoxin. Good night. March 3. Membrane nearly gone. All symptoms much better. Pulse 76. Temperature 98.5. Feels well. March 4. Membrane all gone.

Summary. These cases show:

1. The marked effect of early injection.
2. Pronounced results in laryngeal diphtheria as compared with other treatment.
3. Beneficial effects of immunization.
4. That antitoxin is safe, quick and efficient, it prevents complications and forestalls sequelæ, it shortens the disease, ameliorates the symptoms, and cuts down the mortality.

Before the introduction of antitoxin I treated four cases of diphtheria, all of them long, two severe and two ordinarily so, with one death from suffocation. Since the antitoxin I have had 11 cases; three severe, one laryngeal and seven that were mild. One of the severe cases died from paralysis of the heart on the eleventh day of the disease. The other cases all were short, with no complications, but both the brevity of the sickness and the lack of complications I attribute to the early use of the serum. All occurred under such circumstances as to be beyond doubt diphtheritic, and the last two are proved to be such by bacteriological examination. There were two cases of tonsillitis in the family of Nos. X and XI at the same time. In figures the difference is:

Mortality before antitoxin, 25 per cent. With antitoxin, 9 1-11 per cent.

Bradbury Block.

ABSCESS OF THE LIVER.*

BY F. O. YOST, M.D., LOS ANGELES, CAL.

Case: N. W., white, male, aet. 37 years, single, habits alcoholic, occupation, miner.

History: Health good till last October, when he developed a fever and diarrhea while on a mining trip in the mountains. Had been drinking steadily and taking no care of himself. Took quinine without effect. Had some chills and grew worse rather than better. Dysentery and fever continued and he lost strength and weight steadily for weeks, till he finally gave up and came home to his relatives, in Los Angeles. He had at this time pain in the right side, a moderate fever, frequent chilly sensations and sweats (no genuine rigor), and the stools were frequent, loose, and contained slime, and, at times, blood.

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Consulted a physician who diagnosticated appendicitis and treated him for some time, but he grew steadily worse, nothing seeming to control the pain or diarrhea. At the time I was called to see him, he had been ill in all about four months. I found a man of large frame, but much emaciated and very anemic. His temperature was 99.4° and his pulse 100. Tongue dry and and coated. Complained of severe pain in right hypochondrium which had kept him awake for several nights. Had a slight cough which caused intense pain in the side, and expectorated a little frothy mucus. Deep breathing also increased the pain. No appetite; bowels moving two to four times every night and often five or six times during the day; always thirsty; generally a sweat every morning preceded by chilly sensations, but the chills were not severe nor the sweats profuse.

Examination: Motion of chest on right side considerably diminished; right hypochondrium seemed a little more prominent than left; abdomen rather full, contrasting with general emaciation; heart and lungs negative; liver dullness about one rib higher than normal all around and about an inch lower in epigastrium; edge could not be distinctly felt on account of tenderness which was marked, percussion causing severe pain; no friction rub and no signs of pleural effusion; some dullness in flanks especially on the right; no pain or tenderness in the region of the appendix. No jaundice at this time and none previously so far as I could learn. During the next 10 days the case was treated expectantly. Pain was controlled by morphine and the diarrhea ameliorated by opium and intestinal antiseptics. Strychnine and whiskey used as stimulants. Counter irritation was tried but seemed to produce little effect. The temperature ran from 99° to 100.5°; pulse 80 to 105; sweats and chilly sensations continued and the appetite was very poor. His condition seemed markedly septic and he was growing rapidly weaker.

Becoming convinced that the trouble was an abscess of the liver and seeing that he was failing so rapidly from absorption of toxic products, while medicinal treatment only served to ameliorate a few symptoms, I asked his consent to a consultation with a surgeon. This he gladly agreed to and Dr Praeger was called in. He confirmed the diagnosis and thought that an operation to evacuate the pus might be attempted though the man's condition made the procedure hazardous. The state of affairs was explained to the patient and his family and they accepted the forlorn hope which the operation presented.

Operation: At sanitarium, ether. Abdomen opened at costal border. Intestines walled back by gauze. Under surface of liver explored. Almost at once a discharge of pus occurred. It was of a whitish color, creamy consistency, and fetid odor. It came from a large abscess cavity in the right lobe of the liver, which had almost reached the under surface and was ruptured by the simple palpating of the organ. On exploring it was found that the cavity extended through and was separated from the diaphragmatic surface by only a thin layer of fibrin and necrotic tissue. This gave way in manipulating and we then had a large abscess cavity with openings on both the under and upper surfaces of the liver. But both openings were some distance from the edge of the organ. How to drain was the problem. The most feasible method seemed to be to take a segment out of the edge of the liver, thus laying open the whole cavity which could be packed. This was therefore done, the oozing being controlled by sutures, clamps and the packing.

The patient, however, went into a condition of extreme shock and became pulseless. He was removed to bed, where stimulants revived him temporarily, but about two hours later he suddenly expired.

Abscess of the liver is sufficiently rare in this vicinity to excuse my taking up

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your time this evening with the report of this case, and a brief résumé of our knowledge of the subject. But little of the literature has been available to me in the original, and I have nothing new to tell you about the disease, but it will not hurt us to review the field a little and compare our experiences in the discussion which I hope will follow.

The old division of liver abscesses into traumatic, mestastatic or pyemic, and idiopathic or tropical, is a convenient grouping and easy to remember. I will have nothing to say tonight of the first two groups, but will confine myself to the type of which this case is an example, viz., the so-called "tropical" abscess. This form of liver abscess is commonly solitary though in a minority of the cases (25 per cent., Rouis), there are two or more cavities. The frequent occurrence of the disease in low latitudes, especially in India, has given rise to the name it goes by, but, as a matter of fact, cases are not rarely found in persons who have never left the temperate zone.

The common location of the abscess is in the right lobe (70 per cent. of the cases, Osler), but occasionally the left lobe is the seat of the disease or even the lobus quadratus. When in the right lobe the site of the disease is usually nearer the convexity than to the under surface of the organ.

In size hepatic abscesses vary greatly, but usually when seen by the pathologist the cavity has attained considerable dimensions. As much as two-thirds of the liver substance may be destroyed and the amount of the accumulated pus may reach several quarts. Wood states that the pus of one of these abscesses has been known to weigh 11 or 12 pounds, and that "cases are on record in which the liver appears to have been converted into a purulent mass, enclosed in an investing membrane."

The character of the abscess wall depends on the chronicity of the abscess. In long standing cases it may be thick and firm, almost cartilaginous, but in general the wall is soft and may be divided into three layers, an inner necrotic, fibrinous, shreddy one, a middle zone of brownish red tissue, and an outer zone of hyperemia.

The contents of the abscess vary greatly in color and consistency. The typical pus of liver abscess is thickish and of a reddish brown color, which has been likened to anchovy sauce. But quite often the pus is whitish and of a creamy consistency, as in the case reported, or it may be bile-stained or of a greenish hue. Sometimes it is quite thin and sanious, sometimes thick and curdy or even dry and cheesy. As a rule it has little or no odor, but occasionally it is highly offensive.

Etiology: The infection-atrium is generally in the gastro-intestinal tract, though sometimes in the gall passages. It is evident that an ulceration of any part of the mucous membrane from which the portal vein receives branches, may be the source of the morbific material, which, when conveyed to the liver, produces the abscess. The coincidence of liver abscess with dysentery, was long ago noted by observers. In the early days the relation between the two was not fully understood, some considering the liver trouble primary and that of the bowel secondary. Modern investigations have shown the opposite to be true.

Councilman and Lafleur have collected statistics showing the proportion of cases of dysentery which are followed by liver abscess. It was found that in India, in 1429 autopsies on persons dying of dysentery, 306 had liver abscess, a proportion of 21 per cent. In Algiers, there were 180 liver abscesses to 1001 cases of dysentery coming to autopsy, a proportion of 18 per cent. In 500 cases collected by Kartulis (Egypt), 50 to 60 per cent. had liver abscess. In 40 American cases collected by Howard and Hoover, 18 had liver abscess, or 45 per cent.

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The particular form of dysentery associated with liver abscess is that known as "amebic," from its cause, the ameba coli or dysenteriæ. It is to the invasion of the liver by this organism that the abscess is due, although in some cases a mixed infection may occur, bacteria being found in the abscess as well as amebæ. Most commonly, however, culture experiments will prove the pus of tropical abscess to be sterile, *i. e.*, free from living bacteria, while the microscope shows numerous and active amebæ. The ameba coli is a unicellular organism from 10 to 20 m. mm. in diameter consisting of a clear outer zone, the ectosarc, and a granular inner zone or endosarc, containing a nucleus about the size of a red blood corpuscle and one or more vacuoles. The organism is endowed with two kinds of motility, a slow progressive movement and a movement characterized by putting forth and drawing back of pseudo podia.

Though described by Lambl, in 1859, the attention of pathologists was not attracted to the ameba as the cause of dysentery, till Lösch, in 1875, found it in the stools of a dysenteric case and advanced the idea that it was the cause of the disease. Since then the organism has been very thoroughly studied by many observers in all parts of the world, and its pathogenic character thoroughly established. The amebæ are found both in the pus and in sections of the abscess wall.

Clinical phenomena: As a rule the symptoms of hepatic abscess are sufficiently well marked to render the diagnosis easy. Still it is interesting to note that not a few cases present no symptoms at all, or at best very equivocal signs of the disease. The patient may be in fair general health, and the first distinct evidence of a large abscess may be its rupture into some of the adjacent organs or cavities. A case is mentioned by Fayrer, in which, though the patient had slight chills resembling malaria and an enlarged liver, the general health was little affected, but one day, during a boxing match, he was struck on the right hypochondrium and immediately vomited a large amount of pus, after which complete recovery occurred. A number of cases have been recorded in which the disease has been present in soldiers on duty in the tropics, without the victim being incapacitated for service, the trouble only being discovered when rupture had caused sudden death, or at autopsy when death had resulted from other causes.

Following Bartholow, I will consider the symptoms under the two heads of systemic and local. Of the systemic, first in importance is the fever. This is not, as a rule, continuously high, but is variable—may be intermittent, more often is only remittent, with more or less regular exacerbations. In a good many cases the type of the fever is distinctly septicemic, sometimes with genuine rigors, coming at irregular intervals, or more often with shudderings or chilly sensations and perspirations. The larger the amount of pus, the more the fever approaches the typical septicemic form. In cases of long duration, the pyrexia often assumes the typhoidal type with all the usual concomitants of the typhoidal state.

The slow pulse of jaundice is rarely seen in hepatic abscess; most cases have a pulse closely corresponding to the temperature.

It is interesting especially to note that icterus, vomiting, and ascites, the classical phenomena of liver disease, are uncommon in tropical abscess. The skin often has a sallow hue and, in advanced cases, the anemia is marked, but decided jaundice is exceptional. The urine also contains bile pigment in but a small proportion of cases, *i. e.*, those which have jaundice. But the amount of urea is reduced and it may be entirely absent in cases where the liver has been extensively destroyed. There is an excess of urates and leucin and tyrosin are

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present, and as might be expected from the fever the color is high and the sp. gr. increased.

Almost all the writers lay stress on the symptom of sweating which I have already mentioned. It is very constant, but of all grades of severity from slight moisture of the skin to profuse and exhausting diaphoresis.

Cough, the "tussis hepatica" of older writers, is common; sometimes hiccough (singultus) occurs; evidently the cause of both is phrenic irritation. The depressed mental condition of these patients is noteworthy, the word hypochondriasis having arisen from the frequent association of depression of spirits with liver troubles. Insomnia, bad dreams, and night sweats of course increase this tendency. Hammond lays such stress upon this symptom as to advise exploratory puncture of the liver whenever it occurs in connection with "any symptom however indefinite of hepatic abscess."

Of the more local phenomena of the disease, pain in the region of the liver takes precedence, but, though an important symptom, it is not always present. Rouis states that 15 per cent. of the cases are painless, Choostek's figures make it 25 per cent. and Waring's statistics closely correspond. The character of the pain, when it is present, depends on the location of the abscess, deep seated ones causing only a dull, heavy feeling, with sometimes a throbbing sensation, while an abscess which has reached the capsule and caused involvement of the peritoneal covering or of the diaphragm, is the cause of acute, and at times, of agonizing pain.

Pain in the right shoulder is not uncommon and has considerable diagnostic significance. It is due doubtless to phrenic irritation which is referred to the areas supplied by nerves having a common origin with the phrenic. The reflex in this case is from the phrenic to the cord and from the cord to the sensory fibres of the fourth cervical, which are distributed to the shoulder.

Percussion and palpation usually demonstrate an enlargement of the liver when abscess is present. This is more marked above than below the abscess, generally being located in the upper part of the organ. The border, however, may come well down below the ribs.

A localized perihepatic friction rub is not rarely heard, and sometimes may be felt. This means, of course, involvement of the diaphragm and is usually accompanied by considerable dyspnea and by marked pain on coughing or deep breathing.

Tenderness is found when the abscess is near the surface and sometimes fluctuation may be made out, but is an uncertain symptom owing to the natural elasticity of liver tissue.

Before considering the treatment of a disease it is well to devote a little time to its natural history, the course it tends to run when left to itself. Having learned what its tendencies are we are better prepared to assist nature either medically or surgically. Cases of hepatic abscess vary greatly in duration. Bartholow gives the minimum time as two weeks and the maximum as six months. The mortality is high. Fully half the cases die from exhaustion caused by the septic absorption and by the complicating diseases, without the abscess having discharged itself. Of the other 50 per cent. in which the abscess perforates the liver, probably, at least, half die, making the total death rate from 70 to 80 per cent. These figures are based on the statistics of Rouis, De Castro, Bartholow and others.

Very rarely does recovery occur without discharge of the abscess. Still, occasionally, it may occur, the pus being absorbed after undergoing a gradual process of caseation, fatty metamorphosis, and emulsification.

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The situations in which the abscess opens are, as tabulated by Copeland:

1st. Without having formed adhesions, into the peritoneal cavity.

2nd. Having formed adhesions, externally through the abdominal parietes.

3rd. Through the diaphragm into,

(*a*) the pleural cavity,

(*b*) the lungs and bronchi,

(*c*) the pericardium.

4th. Into the stomach.

5th. Into the gall bladder or ducts, passing thence into the duodenum.

6th. Into the colon, duodenum, or some portion of the small intestine, particularly the former.

7th. More rarely into the right kidney or into the vena cava.

The two most favorable ways in which the abscess may discharge itself are through the bronchi, in which event one-half of the cases recover, and externally. Rupture into the stomach or intestine is less favorable but may result in a cure. Rupture into the peritoneal cavity, the pericardium or the vena cava is almost necessarily fatal. Rupture into the pleural cavity causing an empyema, may result favorably if properly treated, but is more apt to result in death.

Treatment. I have laid considerable stress upon the unfavorable statistics of the disease, because I would demonstrate that it is one in which nature cannot be trusted, and that to await a discharge of the pus through her efforts is fraught with far greater risk to the patient than is the resort to surgery.

Hepatic abscess calls for surgical treatment, and the earlier this can be adopted, the better, but I believe it justifiable and proper at even an advanced stage of the malady, as in the case which I have reported. The fatal result in this instance was doubtless hastened by the operation, but the operation held out a much better hope of recovery than the expectant line of treatment which in such a case would have amounted simply to letting the patient die of sepsis, or had he lingered long enough for rupture to have occurred, of peritonitis, for no adhesions to amount to anything had formed and yet the pus was separated from the peritoneal cavity by an extremely thin stratum of liver substance.

The diagnosis will always be doubtful in a considerable percentage of cases, but the use of the exploring needle is safe, and serves to clear up a large percentage of this class. With early diagnosis and prompt surgical treatment, we may hope that the statistics of the future will be much more favorable than those of the past.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

NEW RESEARCHES UPON THE THERAPEUTIC AND PHYSIOLOGICAL ACTION OF HYDRASTININE HYDROCHLORATE.—(*Amer. Med.-Surg. Bulletin*, March 25.) Dr. T. Rousac. Number of cases treated, 32; including I. Uterine affections with abnormal hemorrhage, 17 cases. II. Pulmonary tuberculosis, accompanied by profuse night sweats, 9 cases. III. Hemoptysis, 2 cases. IV. Epilepsy, 2 cases. V. Nephritis, 2 cases. The results in the 17 cases of genital affections are as follows:

1. Pure uterine congestions, 2 cases; one cured in two days, the other in six.

2. Profuse menstruation, 3 cases; in the first the cure occurred at the first

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menstruation, in the second after the third menstruation, and in the third after the fifth menstruation.

3. Profuse hemorrhages at the first menstruation after abortion; one cured in about three days.

4. Hemorrhage following one accouchement and one miscarriage, 2 cases; the first arrested in four days and the second in seven days.

5. Hemorrhage accompanying uterine displacements and affections of the adnexa, 3 cases; the first cured in one and one-half days, and the second in three days. As regards the third case, we can only say it was improved in about three days, after which time we lost sight of it.

6. Uterine myomata, 2 cases; results very doubtful.

7. Uterine carcinoma, 1 case; no diminution in loss of blood.

8. Hemorrhage during pregnancy, 1 case; the losses ceased, the pregnancy continued and delivery was normal at term.

9. Hemorrhage during the period of delivery, 2 cases; in which the contractions became strong, hemorrhage ceased and involution was perfect.

The observations upon its effects in combating the night sweats of phthisis are certainly encouraging. In nine cases there were but two failures. Its effect is sometimes temporary and sometimes lasting. In hemoptysis we recommend prudence in its use, as expectoration becomes more difficult, necessitating greater effort at coughing. It seems to us very questionable whether it has any influence upon essential epilepsy. At any rate, we deem it inferior to the bromides. We note without conclusions two cases of nephritis, happily influenced by use of hydrastinine. The dose has not been positively determined, but the maximum may be placed at from 30 to 35 centigrams (4½ to 5¼ grains), by the mouth in one or two hours. We have administered the hydrochlorate in pills, powders and hypodermically in daily amounts of 10 to 15 centigrams (1½ to 2¼ grains). In our attempts to combat the profuse sweats of phthisis, we have given as high as 35 to 40 centigrams in one to two hours. Unless in very urgent cases, would give in pill by the mouth.

The drug is in no sense a specific; its curative action is no more than that of any other symptomatic medicine. If the symptoms combated constitute the disease (pure uterine congestion, profuse menstruation, etc.), then the cure will be complete. If, however, the cause persists, it will be necessary to supplement with the more efficacious means of curettage, castration, etc. During labor it intervenes in an active manner to re-enforce the too feeble contractions and reanimate those that tend to disappear.

HEADACHE.—For the symptomatic relief of paroxysmal headaches, whether migrainous or due to other causes, Dr. S. Solis-Cohen continues to prescribe the combination of acetanilid (or phenacetin), caffein, and monobromated camphor, that originated at the *Phil. Polyclinic*, and has since become so popular. It is usually dispensed in capsule (dry). Ordinarily, three grains of each drug are given at one dose. The dose is directed to be repeated in one or two hours if needed, and again after a further interval of two hours, if needed. Patients are told, however, not to take two doses if one gives relief, and not to exceed three doses in 24 hours, except by special order. This treatment is purely palliative for the attack, and other treatment for permanent relief is prescribed in accordance with the nature of the case and the cause of the headache.

FOR WHAT PERIOD OF TIME CAN IMMUNITY FROM DIPHTHERIA BE CONFERRED?—(*Boston Med. and Surg. Jour.*) Dr. F. Gordon Merrill. From actual experience we are perfectly justified in believing:

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1. That immunity in any given case, of no matter how thorough exposure to diphtheria, may be conferred, for at least ten days, by the injection of a small dose (100-250 units) of serum, provided it is given 24 hours previous to actual infection.

2. That a larger dose (250 units for a child of two, up to 500 units for one of eight or over) will confer safety for three weeks—or to be a little more conservative, let us say 20 days—under similar conditions.

3. That no harm will result from the treatment in a vast majority of cases of *sick* children, and probably in no case of a healthy child, provided the serum used is up to the present standard of purity.

In conclusion, I would say that anyone who thinks that antitoxin will prevent the occurrence of a follicular tonsilitis or of a coryza in an individual who happens to have the Klebs-Loeffler bacillus in his throat or nose will be disappointed; for neither of these conditions constitutes a diphtheria any more than the coexistence of the pneumococcus in the saliva and a bronchitis constitutes a frank pneumonia. I will add that a physician who fails to promptly immunize the members of a family or close community in which diphtheria breaks out, neglects to do his duty by those whose safety lies in his hands.

METHODS OF ADMINISTERING ANTITOXIN.—(*Med. Rec.*, March 12, 1898.) Dr. Louis Fischer has within the last three years seen at least 15 or 20 cases of diphtheria, of a very mild form, treated by giving the antitoxin per rectum. He had also tried giving it by the mouth. He has recently experimented in this direction in a house where there were 17 cases of true diphtheria, and more than twice that number were exposed. The rectum of each patient was washed out with soap and water, and 1500 to 2000 units injected per rectum without benefit in a single case. Of the people in the house whom he immunized by giving the antitoxin by mouth, not one contracted the disease. The dose was the same as for the subcutaneous injection.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

SOME POINTS IN PRACTICAL SURGERY.—(*Medical Review.*) By Francis Reder, M.D., St. Louis, Mo. In operations on the hand—partial amputation of the fingers and thumb—utilize any available skin for the flaps. Let your main object be to leave as long a stump as possible; do not sacrifice length in order to follow any special method of amputation. Let the cicatrix be, if possible, posterior, using the tissue on the anterior aspect of the digit for the principle covering of the divided bone. When the injury or disease is such as to necessitate amputation at a higher level than the attachment of the flexor and extensor tendons of the second phalanx, is it right to go at once to the knuckle and perform complete amputation of the finger? If the tendons can be saved and attached to the bone, then the first phalanx should be left; if this cannot be done, then amputate at the metacarpo-phalangeal joint.

In amputating a digit, or a digit along with a portion of its metacarpus, avoid, if possible, any interference with the palm of the hand; avoid a cicatrix in the palm—a cicatrix in this situation is apt to be tender, and this interferes with the grasping power of the hand.

In amputating a finger, do not interfere with the breadth of the hand. In a

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case requiring the removal of one or more metacarpals, leave, if possible, healthy periosteum; new bone is formed, and a more useful hand is the results. Let this rule, regarding the periosteum hold good, very specially in connection with the metacarpal bone of the thumb. Any osseous projection at the radial edge of the hand is a point of attachment for the muscles of the ball of the thumb, and it is of the greatest use as an opposing point to the fingers.

In patients in whom manual labor is their source of income, do not in amputating the index and little fingers, interfere with the heads of the corresponding metacarpals, if a sufficient covering can be obtained. In other cases, for the sake of appearance, the head of the metacarpal may be removed obliquely.

Take, if possible, your main flap in amputating any of the fingers from the flexor aspect of the finger. Do not approach the palm in your incisions. In the middle and ring finger the best result—looking to use and not to appearance, is obtained in the following way;

Enter the knife at the knuckle, carry it outward and forward toward the web until a point midway between the anterior and posterior aspects of the web is reached. Do the same on the other side of the finger; these two incisions form a right angle with each other. A flap is then made from the anterior aspect of the first phalanx. The finger is removed and the flap is turned back into the angle where the incisions begins over the knuckle. By this method the incisions do not approach the palm, the breadth of the hand is not interfered with, and the resulting cicatrix is posterior.

In crushes of the hand save as much as possible; save a finger or a portion of a finger; save any part of the thumb; save any portions of the metacarpals. The most useless natural hand is more useful than any artificial substitute.

In contractions of the palmar fascia, Busch's operation, in severe cases, affords the best results. In simple cases the subcutaneous division of the tense fibers is generally sufficient. It is to be remembered that there are two directions in which the contracted fascial fibers must be divided, parallel to the skin surface and at right angles to the skin surface: by the first, the fibers at right angles to the skin surface, which drop down between the flexor tendons, are divided: by the second, the longitudinal fibers of the contracted palmar fascia are divided.

Busch's operation consists in dissecting the contracted fascia from the flexor sheaths by a V-shaped flap, the apex of the flap looking to the wrist; the fingers are then extended, and the flap attached by suture to the edges of the incision, while the opposing edges of the proximal portion of the raw surface are accurately stitched together. The result is a Y-shaped cicatrix, and an extended finger or fingers with no tendency to subsequent contraction.

In wounds of the palm the persistent hemorrhage is often due to palmar vessels being simply punctured and not cut fairly across. Divide the artery wounded by deepening the accidental wound. Retraction of the wounded vessel takes place, and simple pressure is generally sufficient to arrest the hemorrhage. Check the force of the blood flow by fully flexing the forearm on the upper arm with a pad at the end of the elbow. By these means the hemorrhage is arrested; if it stills persists tampon the wound in the palm.

Hemorrhage in a severely crushed hand is sometimes very persistent, frequently requiring careful dissection to expose the wounded artery, thus allowing the application of a ligature. In some instances it is necessary to tie the brachial artery.

In deep seated digital inflammations over the first and second phalanges, the cause is either an inflammation of the flexor or sheath, or it may have a periosteal origin. In inflammations over the anterior aspect of the terminal phalanx,

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the cause is periosteal, and the worst that can happen is necrosis of the terminal phalanx. In all cases make your incision early, central and in the long axis of the finger. Relieve tension and prevent spread of the inflammation from the flexor sheath on the finger to the common sheath on the anterior aspect of the wrist. In periosteal cases, early and deep incisions prevent necrosis of the affected phalanx.

In inflammation of the common flexor sheath, relieve the tension by making an incision into the sheath in the forearm above the annular ligament. Take care and not injure, in your incision, the median nerve.—(After opening the flexor sheath in the forearm, pass a curved probe pointed bistoury from the wound under the annular ligament, divide it with the knife, and in this way the palmar tension is effectually relieved.)

In amputation for injury or disease in the upper extremity, do not follow, at the cost of length, any special method of amputation; get your flaps as best you can, so as to obtain as long a stump as possible; the longer the stump the easier it is to fit on an artificial substitute. In severe injuries of the upper extremities, where an effort is made to save the limb, more especially in cases in which the bones are injured, and in which the line of fracture is oblique, or in which, from comminution of the bones, it is difficult to keep the fragments in accurate position, remember that the use of the extension apparatus is as valuable in the upper as it is universally acknowledged to be in the lower extremity.

In all fractures near the joints the soft tissues are, to a certain extent, saved from injury when the bone gives way, but still in all cases there must be some injury to the tendons, muscles, joints and ligaments. These structures require, for the proper performance of their functions, mobility; prolonged rest to prevent any risk of non-union of the fractured bone, may be followed by stiffness of the neighboring joint, by adhesions of the ligaments, and organized effusion into the sheaths of the tendons. The result is a united fracture with a stiffened joint.

Non-union of the bone does not occur in consequence of occasional gentle passive movement along with massage, if, in the intervals, the parts are kept at perfect rest. Non-union is much more likely to occur if slight constant movement is allowed between the broken ends. For example, in a fracture of the shaft of the humerus, and in fractures of the shaft of the radius and ulna, it is important to keep the elbow-joint at rest by means of a rectangular splint. If the elbow-joint is not kept quiet, there is more or less constant movement at the seat of fracture. This movement is very different from gentle passive movement every second day, with perfect rest in the interval, as in fractures in the region of the wrist, elbow and shoulder.

In Colles' fracture allow the patient to move his fingers and thumb after the first week, and after 10 days remove the splints every second day and move the fingers, thumb and wrist-joint gently. Take off all splints at the end of four weeks. Too prolonged rest in this injury often ends, more especially in old people, in irremediable stiffening of the fingers, thumb and wrist-joint.

In fractures into the elbow-joint, early gentle passive movement at the end of a fortnight every second day, will often wholly prevent any stiffening of that joint.

In fracture of the upper extremity of the humerus, begin passive movement after a fortnight.

The fractures of the metacarpals are frequently diagnosed with difficulty, and this is especially true of the third and fourth of these bones. Oblique fractures are the most troublesome. It may be necessary, in such cases, to apply exten-

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sion. An anterior splint, carefully padded, so that there may be no pressure on the ball of the thumb, stretching from the bend of the elbow well beyond the tips of the fingers, is fixed to the forearm with adhesive plaster. An elastic band is attached to the injured finger also by adhesive plaster, and extension is kept up by fixing it to the extremity of the anterior splint.

In fractures of the phalanges, utilize the neighboring fingers as lateral splints, padding carefully between the fingers so as to prevent discomfort, excoriation and itching. Skin should never be allowed to remain for any length of time in contact with skin. In fixing the arm to the trunk, in fracture of the clavicle and in fracture of the upper extremity of the humerus, if a layer of lint is not placed between the arm and chest, much discomfort will follow.

In fractures of the clavicle and upper extremity of the humerus, it will generally be found that the broken ends of the fractured bone are best brought into apposition by bringing the arm well across the chest, so that the hand lies at the opposite shoulder.

In securing the arm the use of a long strip of adhesive plaster, fixing the limb to the trunk, is a simple and efficient way of treating these injuries. In green-stick fracture of the clavicle, a common accident often overlooked at the time of injury, the strip of adhesive plaster is the best method of treatment.

In fracture of the clavicle at the coraco-clavicular ligament there is no displacement. In fracture of the clavicle external to the coraco-clavicular ligament there is no downward displacement, and the forward displacement is not observed at the time of fracture, but becomes very evident at a subsequent date. Such fractures are best treated by simple means. Avoidance of all special forms of apparatus is advisable.

In amputation of the toes, a partial amputation may be performed in the great toe; in the other toes partial amputations are inadmissible; avoid any incision in the sole of the foot. Remember the foot is a tripod, and its stability rests in the integrity of three points of support—the ball of the great toe, the ball of the little toe and the os calcis; interference with any one of these lessens the value of the foot as a basis of support. Any narrowing of the foot approximating the two anterior points of support also renders the foot less stable.

Use the plantar surface for the principal flap in amputations through the tarsus and at the ankle joint. In amputation at the tarso-metatarsal joints and in amputations through the center of the tarsus, after marking out the flaps by incisions down to the bones, it is best to disarticulate, and then dissect the bones off the long plantar flap from behind forward.

In all amputations in the lower extremity sacrifice length in order to obtain a stump that will bear pressure. A painful stump is worse than useless; with it the patient has no comfort, and can not wear an artificial support.

In amputation above the ankle the long anterior flap gives the best result. In amputation below the knee the modified circular is, as a rule, preferable to the long posterior flap.

In sawing the bones in amputations in the leg, always enter the saw upon both bones at once, so that the fibula may be divided before the tibia.

In amputation below the knee it is often difficult to secure the arteries. When such difficulty arises, take a curved needle, armed with catgut, and pass it into the tissues behind the bleeding point so as to include the tissues around the vessel in the ligature.

In amputation for injury through the shaft of a long bone the periosteum may be divided at a lower level than the bone; if this is done it is best to save the periosteum on the anterior surface of the bone, and allow a flap of periosteum to

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hang over the divided medullary cavity. Do not stitch it for fear of deep seated tension.

In fractures of the leg, use the box splint till the swelling has subsided. A well applied plaster of Paris splint is to replace the box splint. See that the foot is kept at right angle to the leg, and thus retraction of the heel prevented. Take care that there is no eversion of the foot.

In oblique fractures use extension.

In fractures of the patella, fix to the anterior aspect of the thigh a large piece of adhesive plaster, and make thorough extension on the quadriceps extensor cruris—elevating the limb on an inclined plane with a foot-piece. If this method proves inadequate, exposure of the fractured patella and subsequent "wiring" of the fragments, will have to be resorted to. Exercise care in drilling the holes into the fragments so as not to wound the cartilage.

For all fractures of the thigh, the Hodgen splint, properly applied, has most satisfactorily demonstrated its efficiency.

In conclusion, I beg to say that in diagnosing an injury, look before you touch the limb. Remember the normal relations of the styloid processes in diagnosing injuries in the region of the wrist; the relation of the head of the radius to the external condyle, the relation of the olecranon to the internal condyle of the humerus in the elbow joint; and let the coracoid process and its relation to the head of the humerus be the principle guiding land mark in injuries in the region of the shoulder.

Always expose the uninjured corresponding region, examine it in the first instance, and let it be your standard (having satisfied yourself that it is normal), in diagnosing the injury on the opposite side.

When a patient is brought under your notice with pain in the knee, for which you cannot find any evident local reason, always carefully examine the hip, and in a patient who limps as if from hip-joint disease, if you do not find in the hip evident objective symptoms of joint disease, always carefully examine the back—he may be suffering from vertebral disease, with effusion into the psoas muscle under the psoas fascia.

4629 Cook Avenue.

NEW METHOD OF SKIN GRAFTING.—(*Jr. A. M. A.*, March 26, 1898.) Dr. Geo. P. Doolittle. After reporting a case of successful skin grafting for an ulcer, involving the entire leg from knee to ankle, the doctor concludes:

1. With the use of the safety razor any physician can easily obtain large uniform grafts.

2. By the use of large grafts we have little or no contraction of tissue and the work of covering a large denuded surface is greatly hastened.

3. Where there is a granular surface without ulceration it is not necessary, in preparatory treatment, to freshen the granulations by scraping; neither is a protective necessary in dressing the surface, it only sweats and softens the grafts.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

CYSTITIS IN THE FEMALE.—(*Mass. Med. Jour.*) Hersler. Remove any discoverable source or sources of irritation which act through the medium of the urine; also any mechanical source of vesical irritation should receive appropriate treatment. The urine should be rendered bland by the use of milk diet,

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the ingestion of considerable quantities of water, the administration of potassium citrate if too acid, or of boric acid and salol if alkaline.

Pelvic congestion should be relieved by hot vaginal douches, placing the patient in the knee-chest position, and the correction of constipation.

The inflamed cystic mucous membrane may be relieved by the administration of boric acid, santalwood oil, copaiba or creosote by mouth, or injections of boric acid, carbolic acid, or nitrate of silver in suitable strengths.

The general health should be improved by tonics, etc.

Rest in bed, especially in all acute cases, is absolutely imperative.

While advocating direct local treatment in cases of cystitis which do not readily respond to ordinary therapeutic measures, I must advise that it be employed with judgment and caution.

THE QUESTION OF PUERPERAL SELF-INFECTION.—(*Amer. Gyn. and Obstet. Jour.*) Jewett refers in particular to the relation of pus-producing germs primarily present in the body of the pregnant woman to childbed sepsis, and draws the following conclusions:

1. There is no clinical proof that puerperal infection can occur from normal vaginal secretions.

2. All childbed infection in women previously healthy is by contact.

3. Prophylactic vaginal disinfection as a routine measure is unnecesaary, and even in skilled hands is probably injurious.

4. Its general adoption in private practice could scarcely fail to be mischievous.

5. In healthy puerperæ, delivered antiseptically, post-partum douching is also contra-indicated.

6. A purulent vaginal secretion exposes the women to puerperal infection.

7. In the presence of such discharges at the beginning of labor the vagina should be rendered as nearly sterile as possible.

8. Concentrated antiseptic solutions should not be used, and the process should be conducted with the least possible mechanical injury to the mucous surfaces.

9. In cases of highly infectious secretions, the preliminary disinfection should be followed by douching at intervals of two or three hours during the labor.

10. The safest and most efficient means for correcting vicious secretions is a mild antiseptic douche, repeated once or more daily for several days during the last weeks of pregnancy.

11. Clinically, the amount of discharge, its gross appearance, and that of the mucous and adjacent cutaneous surfaces usually furnish a sufficient guide to its treatment.

12. Probably unclean contact within 24 or 48 hours is an indication for prophylactic disinfection.

ASEPTIC MEASURES—(*Phil. Med. Jr.*) Clado describes the aseptic measures practised in the surgical and gynecologic service of Duplay at the Hôtel Dieu. Jars, basins, and instrument-trays are sterilized by burning a small amount of alcohol in them; meanwhile tilting the dish from side to side so that the entire inner surface is subjected to the action of the heat of the flame. Dressings and compresses are first subjected to dry heat at 130° C., and then stored in jars until a short time before the operation; they are then boiled in mercuric-chlorid solution 1:2000 for half an hour, next boiled and washed in filtered, sterile water, and finally, just before the operation, they are boiled a second time for a quarter of an hour

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in filtered, sterile water. The operating room is frequently sprayed with carbolic acid solution. The hands are scrubbed with soap and water, followed by potassium permanganate, sodium disulphite, alcohol and mercuric-chlorid solution 1:2000.

METHOD OF STERILIZING CATGUT.—(*Phil. Med. Jr.*) following is given as a reliable method of sterilizing catgut and other animal tendon: After soaking in a bichlorid-ether solution, the gut is boiled in 95 per cent. alcohol for 25 minutes, the process of boiling being rendered safe by the use of Bohemian glass tubes, fitted with rubber caps. Catgut may be chromicized by treatment with a mixture containing potassic bichromate 2 parts, 40 per cent. formalin 4 parts, and water 94 parts. The gut is allowed to soak in this mixture for four days, after which it is subjected to boiling in water for 30 or 40 minutes. The addition of formalin to the potassic-bichromate solution renders possible the boiling of the catgut in water.

THE PASSING OF CHLOROFORM IN ENGLAND.—(*The Philadelphia Medical Journal.*) Dr. Frederic W. Hewitt, anesthetist to the London Hospital, states in a recent article in *The Lancet*, that chloroform was administered in only 677 cases out of the 6,657 cases anesthetized at that institution during 1897. He further says: "Several years ago this anesthetic was in routine use; but experience has tended to somewhat shake our confidence in it for general employment." When such a report is made, coming at it does from a large and important hospital, it seems very significant. A better example of medical conservatism cannot, perhaps, be found than in the use of the two great anesthetics. For a long time it has been very evident that ether is the generally safer anesthetic; but convenience, the fact that chloroform is pleasanter to administer and less disagreeable in its after-effects, and, above all, habit, seemed for years to blind the eyes of our English brethren to that most important consideration, the greater danger to human life. What though the danger be but slightly greater, is any man justified in risking his patient's life? The gradual change in favor of ether is coming, not alone in England, but on the continent of Europe. In several of the large German and French clinics ether is the usual anesthetic, and in spite of the shockingly large number of chloroform fatalities annually reported in the *British Medical Journal* and in *The Lancet*, we believe that there is greater need of this change on the Continent; for what American who has visited the clinics of Europe has not been amazed and disgusted at the careless administration of chloroform in some of the most celebrated clinics? It should in justice be stated that there has been in certain parts of our own country almost as much prejudice against chloroform as has been shown in favor of it on the other side of the Atlantic. At present it is generally recognized, however, even in Boston, that although ether is the anesthetic to be chosen in the vast majority of cases, chloroform is very definitely indicated under certain conditions, and this we believe is the proper solution of the matter.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

CORNEAL LESIONS TREATED BY HYDRAULIC CURETTING WITH SUBLIMATE SOLUTIONS.—(*A. M. J. of O.*, Oct. '97.) Pleasants uses a syringe holding one ounce, with a fine nozzle as small as a hypodermic needle; a solution

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1-1000 is used. Cocaine is used first, then the jet is used on the ulcer or abscess with increasing force until all the adherent tissue is removed. Atropine is used first if the iris is thought to be affected.

SYPHILITIC AILMENTS OF THE EYE TREATED BY INTRAVENOUS INJECTION OF MERCURY.—(*Oph. R.*, Oct., '97.) Jehin-Prume. Injections have been used by him over 2000 times. Stomatitis seldoms occurs; rapid action, few if any of the general symptoms that sometimes occur by other methods, used only in serious cases where immediate results are needed, and where other mercurial treatment has been of no benefit. Cyanate of mercury, 1 to 100. Perfect asepsis. The arm is corded. Injection given in a full vein. Before injecting, after the needle is in the vein the cord must be removed. Dose one centigram, increasing to two and one-half. Twenty injections given, one every second day, then stop 20 days. Then 20 more every third day, then stop 20 days. Then 20 more every fourth day, then stop 20 days, then one each week as long as advisable.

PAINLESS EYE OPERATIONS.—(*N. Y. M. J.*, Oct., '97.) Bates uses a solution of suprarenal capsule. He uses the dried glands. He mixes 10 grains with half a drachm of water and filters. It must be used just before the operation. Nothing else should be mixed with it. A few drops used alternately with the cocaine solution. He douches the eye after the operation with three-quarts of hot salt (115°) solution (salt one drachm to one pint).

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

(Regular meeting, March 4, 1898, the President, Dr. R. W. Miller, in the chair.)

Dr. W. B. Bullard read a paper on Diphtheria (page 128).

Dr. F. D. Bullard reported cases (page 131).

DISCUSSION.

Dr. Geo. L. Cole: I feel like commending the doctor for presenting this paper—it is interesting to hear of these early epidemics of diphtheria. Before antitoxin came into use, although I had been but a few years in practice, I had also come to the conclusion that iron and alcoholics were the mainstays, and I have said if I were confined to any one remedy I would choose alcohol. At first I used powders locally, all got well and I thought all cases should get well if properly treated; then all died and I began to learn something. Large doses of mercurials were advocated; I used them and a few desperate cases recovered (I afterwards learned that the two worst cases, so favorably influenced, were syphilitic). As to antitoxin, I agree that it is one of the marvels of the age. After all the statistics that may be quoted nothing is so convincing as to have a desperate case relieved in all ways as by magic. There are disbelievers as there are in all good remedies; in New York a few men were especially antagonistic, Dr. Winter foremost among them, and it will go down as a matter of history that the mortality from diphtheria in New York, after the introduction of antitoxin was greater than in other cities where such antagonism did not exist. Think we should use it in suspected cases and then have the bacteriological examination made, believe it will do no harm. I feel like thanking Dr. Powers and the Council for putting this means of diagnosis at our disposal. In preparing a paper on serum therapy, I sent out circular letters and in looking over about 100 replies, I find fewer antagonistic than I expected; although some still regard it as a fake and a money-making scheme.

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Dr. F. W. Steddom: I was skeptical at first as to antitoxin, but was a convert after seeing, the first time I used it, the recovery of an apparently hopeless case of laryngeal diphtheria. I used it in seven or eight laryngeal cases with no other treatment and all got well. As to dose I would begin with 1000 units, repeating the same day, if no change, or the next day sure. To immunize would use from 250 to 500 units.

Dr. L. D. Johnson, Whittier: My experience before the advent of antitoxin was sad. I had almost come to think that if a case got well there was a doubt as to diagnosis. Would urge attention to early diagnosis, the Klebs-Loeffler bacillus may be found 36 hours before the membrane is formed. In addition to the use of antitoxin I have used a spray of formalin, 1 to 2000 or 1500. I would not detract from the merits of antitoxin, but I consider that it is not a greater discovery than formalin.

Dr. W. M. Lewis: Dr. Maynard and I have used antitoxin 16 times with 16 recoveries. We gauge the dose by the severity of the symptoms and not the age of the child, usually using 1500 units, never less than 1000.

Dr. T. Davidson: Nothing has been said as to danger from immunization; I believe deaths have been reported. My first 12 cases gave 12 deaths, but have had no death since I have used antitoxin. Have observed some pain in joints after injection, but no eruptions.

Dr. H. G. Brainerd: I do not see many cases. As to paralysis being more frequent after the use of antitoxin, I have not observed it, but we must remember that with this treatment a greater percentage of severe cases survive, and that may account for the apparent increase of paralysis. It is an interesting fact that this neuritis is painless while all others are painful.

Dr. O. D. Fitzgerald: I have been acquainted with the disease for a quarter of a century. We had it more severe in the East than here. I do not oppose antitoxin but prefer the remedies that have served me well. I use large doses of the mild chloride of mercury, one-quarter grain every hour, sometimes every half hour, and 10 to 20 drops tr. ferri. chlor. every two hours. Locally wash away necrotic parts, usually by syringe, the particular antiseptic cutting little figure. If nares are occluded I have drilled through with silver probe to allow solution to pass through. If I can depend on the nurse to use the syringe every half hour, I can leave the house feeling fairly comfortable.

Dr. R. W. Miller: In early treatment we should give due attention to upper air passages, as nasal diphtheria gives more solicitude than any other form, because we cannot clean thoroughly, and through the ethmoidal cells, we may get brain infection. Simple alkaline spray is better than nothing but I would add formalin in weak solution. Should not use probang, as by producing gagging we cause congestion.

Dr. W. B. Bullard: I had to learn treatment through observation. Accidentally discovered the efficiency of alcohol through finding a patient, whom I was unable to see on the day I was called, very much improved by the free administration of rum which was all the mother had.

Dr. F. D. Bullard: Seen early and treatment energetically pushed, hardly a case of diphtheria should be lost. Monti, in laryngeal cases, advises 1000 units repeated every hour until symptoms of relief appear.

(Regular Meeting, March 18, Dr. R. W. Miller, in the chair.)

Dr. F. O. Yost read a paper on Abscess of the Liver (page 132).

DISCUSSION.

Dr. G. W. Lasher: There is nothing to add, I can only emphasize what the doctor has said. I can recall 13 cases I have seen in Los Angeles; nine were

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operated on and five got well. Of those who got well the first had an immense tumor extending to the ilium; it was first opened in the back, afterwards in front below the free border of the ribs just outside the mammary line. The next had discharged through the bronchi, but as there was enlargement and the patient did not improve we concluded to drain. The next pointed in the right epigastric region and was opened. The fourth was large but did not project below ribs. The question was how to open—we dissected up two ribs from free border until we were over the region of the abscess, found adhesions and opened. The last was in a little girl, seven years old, pointed in the right epigastric region. When we opened, as adhesions had not taken place, we packed with gauze and evacuated 36 hours later. There were four cases that did not recover. One of these on post mortem showed multiple abscess. The next pointed in the epigastrium and was opened; died from infection and exhaustion. The third had tubercular cavities in the lung and the abscess had made so much pressure outwards that ribs were eroded and it would soon have broken through. We opened between the ribs but the man died. In the next there was a question between appendicitis and abscess of the liver; on opening about five or six inches below the ribs in the right mammary line, a peculiar red looking pus (like anchovy sauce, this has been observed so often that it may be called *liver* pus) was evacuated. The cavity was drained and irrigated with antiseptics. The patient lived one and one-half years, finally dying from exhaustion. Post mortem showed that the abscess communicated with the liver. Of these nine cases not one had jaundice, but the diagnosis was not very difficult. If you find the ameba coli in pus you may be sure of the origin.

Of the cases operated seven projected below the ribs, of those not operated one projected below. It is generally understood that abscess of liver projects upward while cancer extends downward, but it was not the case in most of these. Probably the direction of the enlargement will depend on the location of the abscess. Of these 13 cases there was but one female and that in a little girl. Abscess of the liver is rarely found in women and particularly so in children. As to treatment, can't do much with medicine. Operate, and if adhesions are not present it is better to form them before opening.

Of the four not operated on, one was very much jaundiced. The liver was aspirated but no pus found. A week later the patient died and the autopsy showed small multiple abscesses throughout the liver. Think you will do no harm if you aspirate the liver carefully, using a large aspirator. The second case was aspirated in several places without finding pus. The case fell into other hands, died, and post mortem, abscess was found near the diaphragm. The third was in the epigastric region covered by the stomach. The fourth gave a history of dysentery.

Dr. Jos. Kurtz: I agree with what both have said. The treatment is often simple—no more than opening an abscess anywhere—but there are some cases that puzzle the surgeon. When they break into the pleural cavity (which is not rare), if you cannot get a good history it is hard to tell what is the origin of the pus. Treat as any other empyema, making a free opening. Progress will be slower than when origin is in thorax. I have such a case now under treatment where the inflammation of the liver is so close to the lung and everything affected that one cannot say which is primary and which secondary. If in these cases you resect ribs, drain and have *patience*, they will usually get well.

Dr. Yost: In my reading I came across a remedy, chloride of ammonium, which, it was claimed by one author, was of great value, but as he rarely or never confirmed his diagnosis by aspiration, the value of his observations may be questioned.

ROSE TALBOTT BULLARD, Secretary.

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EDITORIAL.

THE SOUTHERN CALIFORNIA MEDICAL SOCIETY.

The twenty-first regular semi-annual meeting of the Southern California Medical Society will be held at Santa Barbara May 3rd and 4th, at the Arlington Hotel. The members should bear in mind that the society meets a month earlier than usual. The writers should endeavor to be present with timely articles, and all should unite in keeping up the standard of the district society. These semi-annual meetings are both pleasant and profitable to those who attend them. The frequent sessions promote fellowship and good feeling, stimulate investigation and discussion, lead to accurate observation and investigation of interesting cases, and from an interchange of ideas there results better treatment and better hygiene, which enhances the reputation of those who attend the society meetings. Members of the numerous fraternal lodges, formed only by accidental ties, meet weekly and go through a very uninteresting program, which has little, if any, profit to a vast majority present. But physicians have an entertainment that is not only literary, but scientific, instructive and profitable. If men congregate for mere form so frequently, can not physicians assemble for much higher purposes twice a year? A society enrolling nearly a third of the practitioners of this section ought to be energetic and progressive. But the momentum of the entire mass can only equal the aggregate activity of the individual members. Therefore the success of the society depends on the earnestness of the individuals. Lay aside private business and assist in promoting the char-

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acter, interests and honor of the grandest of all fraternities—that of the medical profession—in Southern California by attending and endeavoring to make a success of the coming session.

THE MEDICAL SOCIETY AS A POST-GRADUATE SCHOOL.

On account of the small attendance at the meetings of the County Medical Association, we call attention to the following, by Dr. G. E. Frothingham, of Detroit, Mich.:

"I am convinced, after years of observation, that medical men can only reached the highest state of development by active membership in some medical society. The meetings of a medical society constitute one of the best post-graduate courses they can attend. At these meetings they get the benefit of the study and experience of a large number of their fellow-workers; they get the result of practical tests of all new theories and remedies on a more extensive scale than any one man can hope to try them; they get the result of the reading and best thoughts of each member, and the system of medical education offers no better method of professional advancement, after the completion of a thorough course of medical instruction and graduation from college, than attendance upon them. It is to be regretted that so few appreciate this fact."

DR. T. J. McCARTY.

On April 5th Dr. Thos. J. McCarty died of tuberculosis at the Sisters' Hospital. He had la grippe in October, which was followed by a rapidly running tuberculosis. Dr. McCarty was born in Brookville, Ind., May 21st, 1853. He belonged to one of the oldest families in Indiana. He graduated in Louisville in 1884. At that time Bartholow discovered that one lung was slightly affected, so Dr. McCarty came to Los Angeles in 1886. He became a member of the faculty of the medical college, first as professor of chemistry and afterwards as a professor of materia medica. He was a prominent Knight of Pythias, under whose auspices he was buried. He was a member of the First Presbyterian Church.

Dr. McCarty was a faithful member of the faculty, and was well liked by the students. He was quiet and unassuming, conscientious in the observation of the medical code and generous to a fault.

Dr. T. W. Helm read a paper on "Hippocrates," at the last meeting of the Kern County Medical Society.

Dr. A. M. Clark, formerly of Toronto, Canada, has located in Santa Ana.

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EDITORIAL NOTES.

AT the last meeting of the Pomona Valley Medical Association, Antiseptic Medication was discussed. Paper by Dr. T. Hardy Smith.

THE council are to be commended for passing the ordinance preventing the distribution of samples of patent medicines on the streets.

Mathews' Quarterly Journal of Rectal and Gastro-Intestinal Diseases will hereafter appear as a monthly and be known as the Louisville *Journal of Surgery and Medicine*. In addition to its two special departments which have rendered the Quarterly so popular, every department in surgery and medicine will be represented.

DR. C. L. BARD was reappointed County Physician of Ventura County. It is a credit to the Supervisors that they considered the man and not his politics, retaining Dr. Bard on account of his well-known efficiency, although he is a republican while the board is democratic. This is as it should be.

THE Riverside County Hospital, at Bowers, was destroyed by fire April 12. The fire originated in a residence one-half block distant. The hospital building was valued at $20,000, but it was purchased by the county a short time ago for $11,000. It was covered by $10,000 insurance. Other losses will amount to about $5,000, which is only covered with $700 insurance.

THE San Diego County Medical Society does nothing by halves, as the following clipping attests:

The San Diego County Medical Society held its regular meeting last night, when Dr. Charlotte Baker was elected president, to succeed Dr. P. C. Remondino. Dr. J. C. Hearne, who has been vice-president, gives way to Dr. Lelia Latta, and Mrs. Dr. Nelson secured the position of secretary and treasurer, which has been ably filled for the past ten years by Dr. Thomas L. Magee. The gentlemen were defeated for every office, but allowed to remain as members.—*San Diego Union.*

THE *Los Angeles Capital* has given some most timely editorials on "Quacks and their methods" during the last few weeks. They suggest that "if the State laws are not sufficient to deal with these charlatans, who prey upon the ills of poor humanity, then perhaps, the city council might devise some ordinance which would place this class in the ranks of those who obtain money under false pretenses, where they belong."

UNKNOWN to each other, Dr. Robert Nicolls and Dr. Alexander Sharp—both graduates of the class of '49 of the Jefferson Medical College of Philadelphia, and both from Pennsylvania—had been living within a few blocks of each other in San Diego. They met the other

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day and renewed an acquaintance begun in the dissecting and lecture rooms over half a century ago. Dr. Sharp has long since retired from practice, having accepted a paymaster's commission during Grant's administration and being now on the retired list of the U. S. Army. None of the San Diego physicians knew of Dr. Sharp's professional connection until lately, as he has been only known as Major Sharp.

RESOLUTIONS OF RESPECT FOR DR. E. A. PRAEGER.

At the last meeting of the Pasadena Medical Society the following resolutions of respect for the late Dr. Praeger, who was an active and honored member of the association, were adopted and all present testified to their sense of personal loss and admiration for him as a physician and friend:

WHEREAS, We have learned with deep regret of the death of our esteemed brother, Dr. E. A. Praeger, an earnest and active member of this society for the past four years; therefore be it

Resolved, By the Pasadena Medical Society, that we place on record our appreciation of the noble, manly character of our late associate, of his high sense of professional honor; of the zeal and ability shown by him in the practice of his profession, which he loved; of his thorough fitness in scientific attainment and skill in surgery, the specialty of hischoice, and of his admirable social qualities as well. We desire also to express our deep sympathy with his bereaved family in their irreparable loss.

Resolved, That a copy of these resolutions be sent to the PRACTITIONER for publication and to the widow of the deceased.

D. B. VAN SLYCK, M.D.
F. F. ROWLAND, M.D.
J. E. JANES, M.D.
Committee.

BOOK REVIEWS.

DISEASES OF THE STOMACH. Their Special Pathology, Diagnosis and Treatment, With Sections on Anatomy, Physiology, Analysis of Stomach Contents, Dietetics, Surgery of the Stomach, etc. In Three Parts. By John C. Hemmeter, M.B., M.D., Philos D., Clinical Professor of Medicine at the Baltimore Medical College; Consultant to the Maryland General Hospital, etc. With many original illustrations, a number of which are in colors, and a lithograph frontispiece. $6.00. Philadelphia. P. Blakiston, Son & Co., 1012 Walnut St. 1897.

In the preface of this work there occur the following sensible observations: "It was an unspeakable comfort to be reassured by Virchow and others that, after all, the end object, the fundamental purpose of all medical progress, must be the relief of suffering and the cure of disease, not simply the development of abstract science. A further step in the evolution of therapy was the realization that the object of medical study and treatment must not be the 'disease' but the diseased patient." A specialist ever keeping these broad facts in view can never become narrow, but he rather is able by his investigations and researches to deepen the channel of medical knowledge. Hemmeter brings to this work such a mind and gives to us an American work on this important subject. The author and Einhorn are the two American authorities that have written extensively on diseases of the stomach. Taking everything into consideration Hemmeter's

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work, as evidenced by this volume, entitles him to hold the place in America that Ewald does in Europe.

The work is systematic and exhaustive. It draws from a fertile field of observers and operators. America's galaxy are of such wont as to compel foreign admiration. With such clinicians as Osler, such surgeons as Senn and McBurney, such physiologists as Howell, chemists as Vaughn, pathologists as Welch and Prudden, besides hosts of others to consult Hemmeter here compiled a work that will stand comparison with anything written across the water.

It is divided into three parts:

I. Anatomy and physiology of the digestive organs. Methods and technics of diagnosis.

II. Therapy and materia medica of stomach diseases including surgical treatment.

III. The gastric clinic.

Throughout the work two things are to be noticed, an exceptionally excellent and unusually extensive bibliography, and the thorough assimilation of the writing and investigations of others by the author as evidenced by his intelligent comments and not infrequent additions in detail, and occasionally entirely original methods, notably in his tests for gastric peristalsis and absorption.

The table of differential diagnostic points between cancer, gastric ulcer, nervous gastralgia, hyperchlorhydria and chronic gastritis, is the best the reviewer has yet seen (pp. 546–8). The absence of hydrochloric acid and the presence of lactic acid Hemmeter found to be true in 90 of the cases of cancer. As tests for these, Gunzberg for the former and Uffelman for the latter, are both easy and accurate; it is a source of gratification to know that we have in them so strong a confirmatory evidence of malignancy. Excess of indican and presence of acetone in the urine are also mentioned as confirmatory. It is well also to make an examination by the stomach tube "with means for inciting the secretion of acids (orexin) but of course always at a time, when under normal circumstances, free acid ought to be present." (P. 538.) Protracted absence of hydrochloric acid, under this method of procedure speaks with great probabitity for cancer. The surgeon will find in the discussion as to the advisability of operating for neoplasms a recent résumé of all the factors bearing upon the question. This chapter ends with Haberkant tables on mortality, and duration of life in operations for carcinoma, for resection of the pylorus for gastro-enterosotomy, and the effect of age on the results of various gastric operations.

The recent instances of successful removal of the stomach will doubtless raise considerable interest in the surgery of that organ. So formidable an operation should not be undertaken without a most careful study of the entire question. In this chapter the author makes use of the word "internist" which the reviewer failed to find in Foster, Gould, the Standard or The Century dictionaries. From the context we presume that he means one who pays especial attention to diseases of the viscera.

OUTLINES OF RURAL HYGIENE. For Physicians, Students and Sanitarians. By Harvey B. Bashore, M. D., Inspector for the State Board of Health of Pennsylvania. With an Appendix on The Normal Distribution of Chlorine by Prof. Herbert E. Smith, of Yale University. Illustrated with twenty (20) engravings, 5¼x8 inches. Pages vi-84. Extra Cloth, 75 cents net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-Second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

Any one who ever went to school in the little red school house of the country districts knows of the extreme unsanitary condition of those old fashioned buildings both as to ventilation and disposal of sewage. The proximity of the privy to the well of water for domestic purposes has lead many a time to typhoid and other

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infection. This little work is designed to meet the wants of rural hygiene. A subject all the more needed from the false idea now largely in vogue, that anything out in the country is somehow or other all right whether it is according to hygienic rules or not. This book treats of water supply, waste disposal, soil habitations, disposal of the dead, with an appendix on the normal distribution of chlorine. It is a book that the country practioner would do well to have.

ELEMENTS OF LATIN. For Students of Medicine and Pharmacy. By George D. Crothers, A. M., M. D., Teacher of Latin and Greek in the St. Joseph (Mo.) High School; formerly Professor of Latin and Greek in the University of Omaha; and Hiram H. Rice, A. M., Instructor in Latin and Greek in the Boys' High School of New York City. 5¼x7¼ inches. Pages xii-242. Flexible cloth, $1.25 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-Second Street, New York City; 9 Lakeside Building, 218-220 S. Clark Street, Chicago, Ill.

It was the reviewer's lot for three years after graduation to teach the ancient languages of Latin and Greek. All this vocabulary helped but little in the study of medicine. Such a book as this, designed to give an intelligent use of the terminology of pharmacy and medicine, will give a practical turn to Latin that can never be derived from the classics. In pronunciation it shows great sense in sticking to the English method "as that method prevails in pharmacy and medicine." It is especially designed for the nonclassical student, but the graduate in art will find that it would be a great help to him in quickly adapting his knowledge to accurate use. Few physicians can write a correct prescription, more could do so if they studied such a book as this.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Physiology, Otology, and Dermatology, and Specially Prepared Articles on Treatment by Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D., Philadelphia: J. Mitchell Bruce, M. D., F. R. C. P., London: David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland: Vol. IV. Seventh Series. 1898. Philadelphia: J. B. Lippincott Company.

Under the title, "A New Departure in Therapeutics," Bartholow opens this number with a strong plea for the use of sodium instead of potassium salts. It is a well written article, which closes with the remarkable statement of the curative power of salts of sodium over certain examples of cancerous growth. The use of aqueous extract of suprarenal capsules in operations within the nasal chambers is discussed by Joseph A. Mullen. "The astringent and anesthetic effects," he says, page 10, "last from one to ten hours." "Poisons and Their Treatment," by Marcus, is a very good general clinical resume of the subject. "Emergency Cases in Country Practice," by Reinhart, will appeal to the rural practitioners. "Diabetes Mellitus," by Kemperer, and "Differential Diagnosis of Kidney Lesions by the Microscopical Examination of the Urine," by Heitzmann, as well as "The Diagnosis of Gastric Diseases by Chemical Investigation," by Boas are three very interesting clinics in medicine. The article of Grancher on "The Frequency and Curability of Tuberculosis" concludes with the aphorism, "The best remedy for tuberculosis is good health," a pithy way of advocating good hygiene. Lyman Greene's article on "The Differential Diagnosis of Typhoid Fever, with Especial Reference to the Diazo Reaction and the Agglutination Test of Widal," is another paper of especial interest and importance to the general practitioner. It has colored plates illustrating normal reaction and also the pseudo and true diazo-reaction.

Tuberculous fistula in ano, severe hematuria, traumatic peritonitis, gall stones and acute osteomyelitis in young children are some of the surgical topics discussed.

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Munde holds a multiple clinic on uterine fibroid, retroversion with cervical laceration, sterility, salpingitis, endometritis, vaginitis and gonorrhoea. Obstetrics is represented by several articles, the most interesting of which is the one by Stephenson on the clinical aspects of twin births as a bearing on management. Collins on cataract and Pooley on orbital cyst, syphilitic iritis, myopia and sympathetic ophthalmia are the two ophthamologists, of this number. Cheatham has a paper on nasal stenosis and some of the effects, which is of interest to the family physician as well as the rhinologist. This number closes with two illustrated articles on dermatology, one on acne, by Atkinson, and the other on contagious impetigo by Cantrell. There are many other subjects discussed besides the above mentioned, the foregoing list being those which especially interested the reviewer.

Messrs. Lea Brothers & Co. announce for early publication the following books by eminent authorities:

A Manual of Otology. By Gorham Bacon, A.M., M.D., professor of otology in University Medical College, New York. With an introductory chapter by Clarence J. Blake, M.D., professor of otology in the Harvard Medical School, Boston, Mass. In one handsome 12mo. volume, with numerous illustrations.

The Treatment of Surgical Patients Before and After Operation. By Samuel M. Brickner. M.D., visiting surgeon at the Mt. Sinai Hospital, New York. In one handsome volume of about 400 pages, with illustrations.

A Text Book of Dental Pathology, Therapeutics and Pharmacology. Being a treatise on the principles and practice of dental medicine. By Henry H. Burchard, M.D., D.D.S., special lecturer on dental pathology and therapeutics at the Philadelphia Dental College, Philadelphia. In one handsome octavo volume of about 550 pages, with 400 illustrations.

The Principles of Treatment. By J. Mitchell Bruce, M.D., F.R.C.P., physician and lecturer on materia medica and therapeutics at Charing Cross Hospital, London. In one octavo volume.

Diseases of the Nose, Throat, Naso-Pharynx and Trachea. A manual for students and practitioners. By Cornelius G. Coakley, M.D., professor of laryngology in University Medical College, New York. In one volume, 12mo., of about 400 pages, with numerous illustrations, many of which are in colors.

Diseases of Women. A manual of non-surgical gynecology, designed especially for the use of students and general practitioners. By Francis H. Davenport, M. D., instructor in gynecology in the medical department of Harvard University, Boston. Third edition, thoroughly revised and enlarged, with many additional illustrations.

A Treatise on Gynecology. By E. C. Dudley, A.M., M.D., professor of gynecology in the Chicago Medical College, Chicago. In one octave volume of about 600 pages, with 425 illustrations, many of which are in colors.

A Text Book of Anatomy. By American authors. Edited by Frederic Henry Gerrish, M.D., professor of anatomy in the Medical School of Maine. In one handsome imperial octavo volume, copiously illustrated in colors.

Manual of Skin Diseases. With special reference to diagnosis and treatment. For the use of students and general practitioners. By. W. A. Hardaway, M.D., professor of skin diseases in the Missouri Medical College. Second edition, entirely re-written and much enlarged. In one handsome 12mo. volume, with illustrations.

The Principles and Practice of Obstetrics. By American authors. Edited by Charles Jewett, M.D., professor of obstetrics in the Long Island College Hospital, Brooklyn, N. Y. In one handsome octavo volume, with many illustrations in black and in colors.

Lea Brothers & Co., publishers, 706, 708 and 710 Sansom street, Philadelphia; 111 Fifth avenue, corner 18th St., New York.

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 *March, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
Deaths from all causes	161	18.75	79	82	27	13	82	39	153	4	4
Deaths under 5 years	21										
i. Specific infectious diseases	21	2.44	7	14	6	2	9	4	21		
ii. Diseases of the digestive system	14	1.63	5	9	3		9	2	12		2
iii. Diseases of the respiratory system	47	5.47	26	21	4	6	19	18	44	2	
iv. Diseases of the nervous system	27	3.14	14	13	5	3	17	2	27		
v. Diseases of the circulatory system, blood and ductless glands	16	1 86	11	5	2	1	8	5	15		1
vi. Diseases of the genito-urinary organs	6	.61	2	4			5	1	6		
vii. Constitutional diseases	6	.61	3	3	2		3	1	6		
viii. Intoxication, violence, accidents	6	.61	6				4	2	6		
ix. Miscellaneous diseases	18	2 09	5	13	5	1	8	4	16	1	1
i. Septicæmia	9		4	5	2		4	3	9		
Pyæmia											
Diphtheria	4		2	2	2	1	1		4		
Erysipelas											
Typhoid fever	2		1	1	1		1		2		
Malarial Fever											
Scarlet fever											
Measles	1			1		1			1		
Pertussis											
Cerebro-Spinal Meningitis											
Small Pox											
Tuberculosis	2			2			1	1	2		
Influenza	3			3	1		2		3		
Dysentery											
Syphilis											
Tetanus											
Carbuncle											
Anthrax											
ii. Diseases of the Œsophagus											
Gastritis	2		1	1			2		2		
Gastro-Enteritis	2		1	1	1		1		2		
Cholera infantum											
Peritonitis	4		1	3			3	1	3		1
Entero-Colitis	3		1	2	2		1		2		1
Appendicitis											
Typhilitis											
Intestinal obstruction	1		1				1		1		
Diseases of the liver	2			2			1	1	2		
iii. Membranous Croup											
Bronchitis	5		1	4	1	1	2	1	4	1	
Pneumonitis	12		4	8	2		6	4	11	1	
Pleuritis	1		1			1			1		
Phthisis	29		20	9	1	4	11	13	28	1	
iv. Diseases of the brain	25		13	12	5	3	15	2	25		
Diseases of the spinal cord											
Neuritis											
Eclampsia	1			1			1		1		
Epilepsy	1		1				1		1		
v Diseases of the Heart	15		11	4	2	1	8	4	14		1
Degeneration of the Arteries	1			1				1	1		
Aneurism											
Anaemia											
Diseases of the Ductless Glands											
vi. Uraemia	2			2			2		2		
Acute Bright's Disease	1			1			1		1		
Chronic Bright's disease	3		2	1			2	1	3		
Nephritis											
Diseases of the Genito-Urinary Organs											
vii. Rheumatism											
Gout											
Diabetes											
Inanition	3		2	1	2			1	3		
Senility and Asthenia	3		1	2			3		3		
viii. Alcoholism	2		2				1	1	2		
Suicides	3		3				2	1	3		
Violence and accidents	1		1				1		1		
ix. Tumors—malignant	6		2	4			3	3	4	1	1
Tumors—non-malignant	3			3		1	2		3		
Other diseases	9		3	6	5		3	1	9		

L. M. POWERS, M D., Health Officer

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of March, 1898.*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	77	46	62	0
2	81	52	66	0
3	80	57	68	0
4	76	48	62	0
5	70	44	57	0
6	65	46	56	0
7	73	48	60	0
8	69	48	58	.02
9	59	47	53	T
10	56	47	52	.50
11	72	44	58	0
12	70	46	58	0
13	59	48	54	0
14	61	41	51	0
15	58	41	50	0
16	56	39	48	0
17	56	39	48	0
18	56	38	47	.22
19	60	38	49	0
20	63	39	51	0
21	59	43	51	0
22	64	45	54	0
23	69	36	52	0
24	68	37	52	0
25	60	42	51	.24
26	58	42	50	0
27	66	38	52	0
28	76	41	58	0
29	79	47	63	0
30	79	53	66	0
31	73	42	58	....
Mean	67	44	53	....

SUMMARY

MONTHLY RANGE OF BAROMETER:

Mean Atmospheric Pressure, 30.01.
Highest pressure, 30.30, date 27.
Lowest pressure, 29.70 date 10.
Mean Temperature, 55°.
Highest temperature 81°, date 2.
Lowest temperature 36°, date 23.
Greatest daily range of temperature 35°, date 28.
Least daily range of temperature 9°, date 10.

MEAN TEMPERATURE FOR THIS MONTH IN

1878		1885	62°	1892		56°
1879	59°	1886	55°	1893		54°
1880	52°	1887	60°	1894		54°
1881	57°	1888	56°	1895		56°
1882	56°	1889	59°	1896		58°
1883	58°	1890	58°	1897		53°
1884	56°	1891	58°	1898		55°

Mean temperature for this month for 20 years, 57°
Average deficiency of daily mean temp. during month 1°
Accumulated deficiency of daily mean temp. since Jan. 1, 9°
Average daily deficiciency since January 1, less than 1°.
Prevailing direction of wind, W.
Total movement of wind, 3764 miles.
Maximum velocity of wind, direction, and date, 24m, NW., 13.
Total Precipitation, .98 inches.
Number of days with .01 inch or more of precipitation, 4.
Mean Dew Point, 39°
Mean Relative Humidity, 62 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881	1.66	1887	.24	1893	.8 52
1882	2.66	1888	3.15	1894	.37
1883	2.87	1889	6.48	1895	3.77
1884	12.36	1890	.66	1896	2.97
1885	.01	1891	.41	1897	2 31
1886	2.50	1892	3.39	1898	98

Average precip'n for this month for 20 years, 2 98.
Total deficiency in precipitation during month, 2 inches.
Total precipitation from Sept. 1897, to date, 5.28 inches.
Average precipitation from Sept. 1 to date, 15.36 inches.
Total deficiency from Sept. 1, 1897, to date, 10.08 ieches.
Average precipitation for 7 wet seasons, 25.97 inches.
Number of clear days 15, partly cloudy days 14, cloudy days 2.
Dates of frost, 11, 14, 15, 16, 17, 18, 19, 20, 23, 28.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., MARCH, 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cld'y	WIND Direction	Total Mov't
Los Angeles	55.	81.	36.	30.01	62.	4	.98	15	14	2	W	3,764
San Diego	54.	77.	38.	30.01	68.	5	.91	21	2	8	NW	4,949
Santa Barbara	54.4	78.	34	....	61.	2	.28	22	3	6	W	3,825
Yuma	59.8	86.	34.	....	....	2	.39	22	7	2	....	....
Riverside	53 5	83.	31.	....	....	....	.80	..	..	..	W	....
N. Ontario	51.	76.	30.	....	....	....	1.55	..	..	..	....	....
San Bernardino	52.5	82.	27.	....	....	....	.97	..	..	..	W	..
Pasadena	61.4	79.	44	....	....	....	1.05	..	..	..	W	....
Redlands	54 8	78.	32.	....	....	....	.81	..	..	..	W	....
Santa Ana	65.2	85	42.	....	....	....	.95	..	..	..	....	....

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter. U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane, Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal

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OUR ADVERTISERS.

HAGEE'S CORDIAL OF COD LIVER OIL COMPOUND IN CHRONIC ADENITIS WITH OTORRHOEA.

BY WM. C. BOTELER, M. D.

On November 15, 1897, I was consulted by a gentleman, Mr. C., who desired my advice as to "an annoying discharge from his left ear." He was about 30 years old, married, and frail development. His occupation was that of stenographer and one of the secretaries to the President of the United States.

His previous history was as follows: for several years he had marked enlargment of the lymphatic glands of the neck involving the mastoid, parotid, submaxillary, and superficial cervical groups of each side; he had submitted to excision of the tumors as they occurred, and at the time stated there was no marked enlargement. There were no constitutional symptoms; there had been no suppuration; there was no fever; there were no hypertrophied tonsils, nor adenoids in the naso pharynx; the teeth were in good condition; there was no involvement of the axillary or inguinal lymphatics; there had been no caseation, and fibrous tissue seemingly predominated.

The history of the case had shown marked exacerbations; the tumors had reached usually the size of a butternut when they were excised; the patient's general nutrition was fair.

About five months before he had noticed a wasting of serous liquid from the ear; it followed an operation for the removal of an enlarged gland.

The patient was placed at once upon cordial of cod liver oil (Hagee), internally a tablespoonful three times a day. Antiseptic solutions of bi-chloride of mercury 1 to 2,000 were instilled into the ear warm after syringing daily for ten days. At the end of this time the patient announced his ear well. Examination showed a small perforation of the ear drum which soon closed after the use of a solution of Argenti Nit. grs. x to one ounce.

The patient was instructed to continue the use of the cordial above, which was done with some irregularity to February 1. He has now no loss of hearing, no further discharge from the ear; he has gained about ten pounds in flesh; his cervical glands are nearly normal; he feels very considerably improved.

An interesting feature of this case is to decide whether the suppuration from the middle ear was "a coincidence," or whether it was due to a breaking down or caseation of a minute lymphatic gland therein and if it was the latter, what group or gland was so involved? The alterative effect of the cod liver oil preparation was very marked in this case and deserves special notice.

Washington, D. C.

GUAIAQUIN IN ANAEMIA.

Six patients suffering from Anaemia were markedly improved while taking Guaiacol Bisulphonate of Quinine (Guaiaquin.) All were females whose ages ranged from 14 to 23 years. The symptoms were pallor of face and lips, debility, and dyspnea on exertion. All were ordered to take five (5) grains of Guaiaquin three times daily, after meals. Within a week the above symptoms began to disappear. At the present time they are still under observation, and continuing to improve. No iron or other remedy has been employed.

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THE SALICYLATES AND THE BEST MEANS OF ADMINISTERING THEM.

It would be a work of supererogation to undertake at this late day to prove the great and permanent value of the salicylates in the treatment of rheumatism in its various forms. For over twenty-five years salicylic acid and the salicylates have been recognized as standing at the very head of remedies in this class of diseases.

There are, however, very many and grave drawbacks to the use of either the acid or any of its salts alone in a treatment which may last, as in rheumatism, gout and neuralgia, for a long period of time. Being a powerful antiferment and sharing this property with most of its salts, salicylic acid impairs digestion and soon sets up a dyspeptic condition, almost as intolerable as the pains which it is intended to overcome. Its after-taste can be covered and concealed in no manner yet discovered, so that very soon the patient takes it only with great difficulty.

In Tongaline the salicylates are so combined with corrigents that there is no reactionary rebellion against them by the organs of digestion and assimilation, while their efficacy is not affected in the least. The experience of thousands of physicians corroborates this statement and concurs in the fact that Tongaline affords the very best method of administering the salicylates.

SANMETTO THE STANDARD PREPARATION FOR GENITO-URINARY DISEASES.

For some years I have been a very warm admirer of Sanmetto, and have found its action marked and well defined in the cases wherein I have used it. In cases of prostatitis, with loss of virile power in elderly men, I find its action superb. In chronic specific urethritis, cystitis and all irritable conditions of the urinary tract I find Sanmetto very efficacious. I do not hesitate to recommend it as a standard preparation in cases where the action of pure santal and saw-palmetto is indicated.

Durand, Mich. JOS. MARSHALL, M. D.

PAIN IN OTITIS.

Dr. George H. Powers, Professor of Opthamology and Otology in the University of California, San Francisco, in an article in *The Medical News*, writes as follows in reference to the treatment of pain in Otitis: "At my first visit I found a copious discharge of bloody serum from the ear with hardly a trace of pus. He suffered from severe cephalalgia, but there was no special tenderness in or about the ear, and no swelling. Thorough cleansing of the meatus with dry cotton relieved the pain in the head remarkably, and with a dose of antikamnia, 10 grains, he slept some hours."

H. Tuholske, M. D., Professor of Clinical Surgery and Surgical Pathology, Missouri Medical College, also Professor of Surgery Post-Graduate School, writes as follows: "I have used Dioviburnia quite a number of times; sufficiently frequently to satisfy myself of its merits. It is of unquestionable benefit in painful dysmenorrhoea, it posesses antispasmodic properties which seem to be exerted especially on the uterus."

A RELIABLE MEDICAL SCAVENGER.

The Elixir Six Iodides is a most valuable addition to the medical resources of the physician in aiding elimination and removing waste material from the body. When a reconstruction and tonic is indicated, the doctor can pin his faith to this combinative of the iodides.

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In the *Atlanta Medical Journal* of February, 1898, Dr. Herman D. Marcus, late lecturer on materia medica at Medico Chirurgical College, Philadelphia, Pa., says: "In fifty-five cases of uterine and vaginal diseases I have used Micajah's Medicated Uterine Wafers with distinctly favorable results, as follows. Thirty-eight were cured, nine greatly improved, and the balance unimproved, a percentage of cures larger that from any other form of treatment. Some twenty-five or thirty cases of leucorrhea treated with these wafers showed cures in three to six weeks. (A sample of Micajah's Medicated Uterine Wafers will be sent free by addressing Micajah & Co., Warren, Pa.)—Editor.

IN ACUTE CORYZA.

In my experience with Blennostasine I have found one grain, given half-hourly, to produce the best results in acute coryza. Blennostasine is particularly applicable to colds of singers and speakers, as the blennostatic effect is preferable to that of Belladonna, and certainly produces a tonic effect on the vocal mechanism.

New York City. DWIGHT L. HUBBARD, M. D.

E. N. CAMPBELL, M. D., Good Hope, Ill., says: I have used Aletris Cordial in threatened miscarriage and find it one of the finest and most efficient preparations that it has been my privilege to prescribe. Aletris Cordial should be used more than it is, although it is largely prescribed, yet like its twin sister Celerina, it is not prescribed often enough, to prove its efficiency. Most all cases that these preparations are used in, are of a chronic type, and those that require patience to relieve; hence, if these two remedies are taken regularly and persistently, according to the case they will satisfy all concerned.

"* * * * Some manufacturers, like the Antikamnia Chemical Co., and the Imperial Granum Food Co., are making conscientious efforts to keep the people from buying their products except upon the advice of physicians, are rigidly excluding their advertising from the general public—and so deserves the hearty support and encouragement of the medical profession. Of some others, who are reaching out for the "dear public" as well as the "dear doctor," as much cannot be said. * * * *"—*American Journal of Surgery and Gynecology*, February, 1898.

ACUTE CYSTITIS.—Resulting from gonorrhoea and presenting symptoms of distress and pain over pubes, frequent and urgent inclination to micturate, urine cloudy and depositing slight amount of mucus on standing.

CHRONIC CYSTITIS.—Resulting from enlarged prostate, retained or altered urine, or from gout or nervous derangement—mucus or muco-pus rendering the urine more or less cloudy or opaque.

TREATMENT—In addition to the mechanical treatment, usually essential in the management of disorders of this class, the administration of Lambert's Lithiated Hydrangea is often of the greatest service. A practitioner of wide experience says: I have used Lambert's Lithiated Hydrangea on various persons affected with diverse and painful manifestations of chronic rheumatism, gout, lithiasis-urica, nephritic calculus and functional disturbances of the renal system, with excellent results, and I consider it a valuable remedy for normalizing the renal function, for promoting the active elimination of uric acid and to calm the congestive conditions of the kidneys and of the urinary mucous membrane.

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ORIGINAL.

DISEASE AS DESCRIBED IN LITERATURE.

BY CEPHAS L. BARD, M. D., VENTURA, CAL.

ANNUAL ADDRESS OF THE RETIRING PRESIDENT OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA, DELIVERED AT FRESNO, APRIL 19, 1898.

On the high road to knowledge it is not always he who presses quickly forward to the goal regardless of his surroundings who is most successful. The loiterer by the wayside is apt to acquire information which does not await his swifter companion. A chat with a chance acquaintance, an excursion beyond the confines of the traveled road, or a quiet communion with nature, furnishes him with facts which would otherwise escape his attention. Our medical education is not wholly to be obtained from library shelves, the curriculum of our colleges, and the clinics of our hospitals. In spite of the invaluable results of our researches in the various branches of medicine, we cannot well ignore the fact that some of our most precious contributions have come from outside of college walls, and are due to the observations and investigations of those who claim, like Robin Hood, the great school of nature as their alma mater. Of the many boons conferred upon mankind during the conspicuous progressive century drawing to a close, the others sink into insignificance when compared with the greatest of them, vaccination, anæsthesia, and aseptic surgery; blessings so divine that it is quite easy for one to conceive that a Saviour has appeared in this multiple form to relieve suffering humanity. And yet it was a chance remark of a milkmaid that gave Jenner immortality, and swept from the earth its most deadly scourge and beauty's greatest foe. The torturing touch of the surgeon's knife has been deprived of its dread by one whom words chiseled in stone testify was a non-medical man. It was the stroke of a pen in a chemist's hand that suggested to Lister the way to advance surgery more in one day than it had progressed since the days of Hippocrates.

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I have no desire to detract from the value and importance of the surprising advancements of medicine and the startling achievements of surgery, of which you have been annually notified from this platform, and which have been exclusively due to the studies and researches prosecuted within college and hospital walls, but I do wish to assert with impressive emphasis that our education to be complete must extend beyond the requirements of graduation.

Our Society has this year chosen to leave the maddening crowd and has selected for its meeting the vineclad plains of Fresno, and I, in turn, am inclined, with your permission, to ignore the custom of giving you in the annual address, a résumé of the progress of medicine during the preceding year, which of late is furnished by the publisher in better shape than I can present it, and still complying with our objects and aims, to conduct you away from the traveled thoroughfare by paths leading to unfamiliar pastures which may yield us material both interesting and useful. My intention has also been somewhat due to the fact that the affairs of the most importance to us as an organization have been intrusted to special committees, whose reports will in due time be presented to you. I propose to lead you into the realms of literature, with a confidence and assurance based upon my own modest research that you will find the journey both novel and instructive.

When Sydenham, in advising the medical student concerning his studies, said: "Read Don Quijote!" it is possible that he wished to imply that a physician should be a broadly educated gentleman, and that in the master-work of Cervantes as well as in those of other lay-writers, something of value might be found by a medical reader.

It is comforting and cheerful to note in the evolution of the physician that he is now raised to a position far beyond the range of the shafts of satire and ridicule which have been hurled at him for centuries. The Dr. Purgon of Moliere, the Dulcamara of Donizetti's Opera, the Sagrado of Gil Blas, the Dr. Caius of "The Merry Wives of Windsor," and the Dr. Slop of Tristam Shandy, have been supplanted by the Dr. Lydgate of Middlemarch, the Dr. Benassis of Balzac's Country Physician, the Dr. Winter of Round the Red Lamp, the Dr. McLure of the Bonnie Briar Bush, and if you will accept him, the Doc Sifers of the recent Rubaiyat of James Whitcomb Riley.

The evolution of our patient keeps pace with our own, and at his bedside we can while away hours of detention by recourse to other more cheerful and diverting volumes than Fox's Book of Martyrs, Gunn's Family Physician, Baxter's Saints' Rest, and the omnipresent Almanac with its familiar signs of the zodiac, the central figure of which is evidently the prototype of the plates of our modern works on abdominal surgery.

He also is no laggard in the race for knowledge, and is inclined, not only to display information concerning facts and incidents connected with our art which he has acquired from general literature, but is very apt to interrogate us concerning them. The physician who inspires hope and confidence is the one who will be most successful. He who can tell him all about De Quincy's experience with opium; of Pare's connection with St. Bartholemew's Massacre; of Desgenette's rebuff of Napoleon; of the features of Gibbon's hydrocele; and of the derivation of the terms St. Vitus' Dance, King's Evil, etc., will beget a confidence where he who is ignorant of them all, and who expresses a doubt as to the sex of George Eliot, George Ebers, George Sand, or Mrs. Partington, will miserably fail.

It is to the consideration of *descriptions of disease* as they appear in literature, and particularly in novels, that I propose to confine my attention, and from the vast mass of incongruous material at my disposal, abounding largely in inaccuracy

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and ignorance, I expect to extract some equalling, if not surpassing, in elegance of style and exactness those which we encounter in our every-day studies. The novelist from the very nature of his vocation excels in word-painting and skillful delineation, and we have but few Watsons, Flints or Oslers.

The cultivation of realism is the aim of the up-to-date novelist, who in his efforts to comply with the exactions of a progressive age is forced in his delineation of disease to enter into details without which his reader would not be satisfied. A comparison will also show that whereas, when formerly the characters in his plot so increased in number as to necessitate a depletion, recourse was had to the sword, now they are conveniently disposed of by disease, a description of which is given with a minuteness and exactness corresponding with the ideas and knowledge of the author. If a speedy disposition is indicated, he calls it apoplexy; if time is required for a confession, reconciliation, or the writing of a will, he summons to his aid consumption, or some other equally slow disease.

To allay your apprehensions, I promise to refrain from mention of the atrocities to be found in the yellow-back literature and sensational journalism of today. I shrink from a presentation of a death-bed scene where the tears roll down the cheeks of the expiring patient, whose function of secretion has been annulled for weeks. I shall not inflict you with a description of the absurd impossible attitudes assumed by those whose anatomies have been fatally pierced by ball or knife. Nor do I propose to shock your sensibilities by a rendition of the many poisoning cases to be found scattered throughout our modern novels; the unconsciousness of the one who has taken strychnine; the dilation of the pupils following the ingestion of opium; nor the suicidal dose of prussic acid which gives the subject time to explain the motive of its introduction. Excluding, so far as possible, those which have already appeared in medical writings, my selections shall comply with the requirements of anthology, and be such as to inspire admiration for the ability of the contributor.

That sickness should claim the novelist's attention and serve him in his work is not surprising when we consider that it is as unavoidable as death, and comes to every one of us sooner or later. Buckminster says: "The shafts of disease shoot across our path in such a variety of courses that the atmosphere of human life is darkened by their number, and the escape of an individual becomes almost miraculous," and Sir Thomas Browne adds, "Men that look no farther than their outsides think health an appurtenance unto life, and quarrel with their constitutions for being sick; but I that have examined the parts of man and know upon what tender filaments that fabrick hangs, do wonder that we are not always so, and considering the thousand doors that lead to death do thank my God that we can die but once."

The portrayal of disease in fiction varies with the knowledge and inclination of the author. Some delight in exposing to our full gaze, and generally a gross exaggeration, all of its horrid, loathsome details, whilst with others, the description is but a photograph, the realities being dimmed and the cheerful features brought out in strong and flattering relief. Whilst extensive use is made of rapid, painful and mortal ailments, those which result in recovery, after a surprisingly prolonged convalescence, are more generally utilized to serve a purpose. By imparting to disease a more hopeful prognosis than that found in our text-books, the novelist does not abuse his license, for it is not usually the hideous thing described by Milton. It has its lights as well as its shadows. Considering that in a majority of cases it is not a "writ served by the bailiff, death," but simply a reminder that our tired bodies require a rest, we can accord to it, even if we do not fully share the sentiment of hopeful Sydney Smith, who had "gout, asthma, and

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seven other maladies, but was otherwise quite well," a much more cheerful aspect than that which characterizes its description in the ordinary medical treatises. Its tendency is rather towards recovery than death; the former being usually attained by a comfortable convalescence, and the latter by a providential euthanasia. As a patient one receives attention to which he has been strange and unaccustomed. For him the cares of life and the noise of the outside world are removed, and he is soothed to sleep, not by the tactus eruditus of him whose visit is an all-day longing, but by the magic touch of one who at such a time is much nearer and dearer to him. For him, the larders of friends and neighbors yield their most precious hoards, and for him the gardens are stripped of their choicest flowers. His thirst is slaked with water from the coldest pool, and both forest and stream contribute to his capricious taste. Sickness elevates him to a position where all show him homage. For once, at least, no matter how insignificant and unimportant he may have been, he is the autocrat of the household, and is invested with an authority which brooks no question. As Charles Lamb says: "If there be a regal solitude it is a sick bed. How the patient lords it! What caprices he acts without control! How king-like he sways his pillow, tumbling and tossing and shifting and lowering, and thumping and flattening, and moulding it to the ever-varying requisitions of his throbbing temples!" Sickness calls us away from the busy scenes of life, and in spite of the attention exacted by our throbbing heads and aching bones, compels us to make a mental inventory, and we discover exactly where we stand. Hood in commenting upon this matter, writes: "Of all the know-nothing persons in this world commend us to the man who has never known a day's illness. He is a moral dunce, one who has lost the greatest lesson in life; who has skipped the first lecture in that great school of humanity, the sick-room," and Garfield said: "I have sometimes thought that we cannot know any man thoroughly well while he is in perfect health. As the ebb-tide discloses the real lines of the shore and the bed of the sea, so feebleness, sickness, and pain bring out the character of a man." A similar thought prompted Burton to write: "Sickness puts us in mind of our mortality, and while we drive on heedlessly in the full career of worldly pomp and jollity, kindly pulls us by the ears and brings us to a proper sense of our duty."

One sharp attack of disease will bring us to a quicker realization of our spiritual condition than fifty sermons, and the sickness of the body may prove to be health of the soul. As Young in his epigram says:

> "'Tis health chiefly keeps an atheist in the dark;
> A fever argues better than a Clark;
> But let the logic of the pulse decay,
> The Grecian he'll renounce and learn to pray."

That there is an aristocracy and class-distinction in disease is thus well expressed by Hawthorne: "Some maladies are rich and precious, and only to be acquired by the right of inheritance or purchased with gold." Douglas Jerrold alludes to the same fact as follows: "With high folks whenever a sickness shows itself in a family, it is treated with so much pomp and ceremony it can't make up its mind to leave."

By a wise provision of nature we are not permitted to choose the disease which will terminate our earthly existence. Granted the privilege, we would be loath to exercise it. Fuller says. "Often have I thought with myself what disease I would be best contented to die of. None please me. The stone, the colic, terrible as expected, intolerable when felt. The palsy is death before death. The consumption a flattering disease cozening men into hope of long life at the last

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gasp. Some sicknesses *besot;* others enrage men; some are too swift, and others too slow."

"The gates of death are open night and day" and no one can tell the form to be assumed by the grim janitor when he invites us through them. Addison in "The Guardian" writes as follows: "Some of our quaint moralists have pleased themselves with an observation that there is but one way of coming into the world, but a thousand to go out of it. I have seen a fanciful dream written by a Spaniard in which he introduces the person of Death metamorphosing himself like another Proteus, into innumerable shapes and figures. To represent the fatality of fever and ague, with many other distempers and accidents that destroy the life of man, Death enters, first of all, in a body of fire; a little later, he appears like a man of snow; then rolls about the room like a cannon-ball; then lies on the table like a gilded pill, after this, he transforms himself of a sudden into a sword, then dwindles successively to a dagger, to a bodkin, to a crooked pin, to a needle, to a hair. The Spaniard's design by this allegory was to show the many assaults to which the life of man is exposed, and let his reader see that there was scarce anything in nature so very mean and inconsiderable, but that it was able to overcome him and lay his head in the dust. I remember Monsieur Pascal in his reflections on Providence has this observation on Cromwell's death: 'That usurper,' said he, 'who had destroyed the royal family in his own nation, who had made all the Princes of Europe tremble, and struck terror into Rome itself, was at last taken out of the world by a fit of gravel. An atom, a grain of sand,' says he, 'that would have been of no significance in any other part of the universe, being lodged in such a particular place was an instrument of Providence to bring about the most happy revolution, and to remove from the earth this trouble of mankind.' In short, swarms of distempers are everywhere hovering over us; casualties whether at home or abroad, whether we are awake or asleep, sit or walk, are planted about us in ambuscade; every climate, every season, all nature is full of death."

Of all diseases none is put to such a multitudinous use by the novelist as is fever. Should a misunderstanding occur between lover and sweetheart, and the former hies away to seek oblivion on the battle-field, it is a fever to which the would-be warrior succumbs that quickly brings his lady-love to his side. A few words uttered by cracked lips and parched tongue are used to disclose a love which otherwise would never have been revealed, or to the effect by self-accusation the condemnation of one who has been burdened with guilt for years. A family secret which permeates a half-dozen chapters or more is finally laid bare by the mutterings of its fever-stricken custodian; and a sentence uttered in delirium becomes the open sesame of hidden stores of wealth. Dickens, in "Great Expectations" gives us this exact description of delirium: "That I had a fever and was avoided, that I suffered greatly, that I often lost my reason, that the time seemed interminable, that I confounded impossible existences with my own identity; that I was a brick in the house wall, and yet entreating to be released from the giddy place where the builders had set me; that I was a steel beam of a vast engine, clashing and whirling over a gulf, and yet that I implored in my own person to have the engine stopped and my part of it hammered off; that I passed through these phases of disease, I know of my own remembrance and did in some sort at the time. That I sometimes struggled with real people in the belief that they were murderers, and that I would all at once comprehend that they meant to do me good, and would then sink exhausted in their arms and suffer them to lay me down, I also knew at the time. But above all, I knew that there was a constant tendency in all these people—who when I was very ill would

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present all kinds of extraordinary transformations of the human face, and would be much dilated in size—above all, I say, I knew that there was an extraordinary tendency in all these people sooner or later to settle down in the likeness of Joe."

Rousseau in writing on delirium says: "In the delirium of my illness, I composed songs, duets and choruses. I am certain I composed two or three little pieces *di prima intenzione*, perhaps worthy the admiration of masters could they have heard them executed. Oh! Could an account be taken of the dreams of a man in fever, what great and sublime things would proceed from his delirium?" Moore in his Life of Lord Byron states: "Lord Byron when at Venice was seized with fever, and during its delirium composed a good many verses, and ordered his servant to write them down from his dictation. The rhythm of these verses was quite correct, and the poetry itself had no appearance of being the work of a delirious mind. He preserved them for some time and then burned them."

That the etiology and hygienic treatment of typhoid fever is well understood by the modern novelist is illustrated by Wilkie Collins, who, in "The Evil Genius," says: "The doctor wrote back, 'Find out where your supply of drinking water comes from. If from a well let me know how it is situated. Answer by telegraph.' The reply arrived: 'A well near the parish church.' The doctor's advice ran back along the wire: 'Come home instantly!'"

In "The Seat Under the Beeches," W. Winthrop thus describes ague: "And what is malarial poison? To shiver with heat and burn with cold; to be all prickly nerves and morbid antipathies; to become at once indifferent and exacting, apathetic and choleric, prostrate with lassitude, while aggressively irascible; to be too demoralized to be courteous to your grandmother, too spiritless to cut off your July coupons, or even to appreciate their merits as engravings." Talmage, in "Crumbs Swept Up," describes in a humorous vein, and evidently from actual experience: "You begin, without any apparent reason, to feel very tired—*awfully* tired. You become seriously aware that you have a great many bones, and are convinced that your limbs have a great superfluity of ossification. You begin to yawn till any chicken with the gapes would think you were caricaturing the diseases of the barnyard. You stretch without any seeming idea as to what you are putting out your hands for. You button up one button on your coat. You walk around the house and then fasten two buttons. You lie down on the clean white spread, boots and all. Your wife, after criticizing your taste in going to bed with your boots on, puts on you all the blankets she can find; and you shout, 'More cover!' She hunts up all the shawls and piles them up in a woolen pyramid. She gets out two or three old dresses and puts them on, and you cry, 'Give us more cover!' Considerably frightened, she places on top of the pile her best dresses. She puts on top of these the children's clothes, and then gives solidity to the mass by adding two pillows; and through your chattering teeth you exclaim: 'More cover!' You feel that you are making the Arctic expedition in search of Sir John Franklin, and that the friendly Esquimaux are rubbing you down with a couple of small icebergs. Your tongue is a hailstone, and your nose an icicle. By this time the stomach becomes like the Stock Exchange, with all the breakfasts you ever ate, trying each to bid the highest, after awhile throwing all the securities flat on the market. You save a thousand dollars by getting seasick without the experience and perils of an ocean expedition. You feel as if you had swallowed something that was going towards Tarshish, when it ought to have been going towards Nineveh. You wonder what has got into you, and make up your mind that it must be more Esquimaux riding up and down your back behind ten dogs fastened to sledges. Suddenly the climate changes from Arctic to Torrid. Your wife lifts the two pillows, but still you are too hot, and the wife

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takes off the laver of children's clothes. But by this time you are a buried Titan and away fly off from your struggling limbs the tertiary, cretaceous, carboniferous and calciferous strata of old dresses, new dresses, shawls and blankets. You wonder why a big blanket is called a 'comfortable.' You want air. You want fans. You have an oven in your head, three cooking-stoves under your diaphragm, and if one earns bread by the sweat of his brow, you have shed enough perspiration to buy out several bakeries. You chew ice and squeeze lemons, and dramatize the ague, and then lie four hours in silence, meditating on the pleasures of life in the country with a fine river prospect."

Although the Countess de Cinchon has furnished the civilized world with what has been regarded as a specific for ague, yet, probably, in no other disease has such a diversity of remedies for its cure been offered. Quoting from the "Aphorisms of the Quarters," "De wus thing about chills is dat too many folks know how to cure them." The effects of the imagination in its cure are well displayed in the following extract from Pettigrew's Medical Superstitions: "Sir John Holt, Lord Chief Justice of the Court of King's Bench, 1709, it is said, was extremely wild in his youth, and being once engaged with some of his rakish friends in a trip into the country, in which they had spent all their money, it was agreed that they should try their fortunes separately. Holt arrived at an inn at the end of a straggling village, ordered his horse to be taken care of, and bespoke a supper and a bed. He then strolled into the kitchen where he noticed a little girl shaking with an ague. Upon making inquiry, the landlady told him that she was her only child and had been ill nearly a year, notwithstanding all the assistance she could procure her from physic. He gravely shook his head at the doctors, bade her to be under no concern, for that her daughter should never have another fit. He then wrote a few unintelligible words in a court hand upon a scrap of parchment which had been the direction fixed to a hamper, and rolling it up, directed that it should be bound upon the girl's wrist and there allowed to remain till she was well. The ague returned no more; and Holt, having remained in the house for a week, called for his bill. 'God bless you, sir!' said the old woman, 'you're nothing in my debt, I am sure. I wish on the contrary that I was able to pay you for the cure you have made of my daughter. Oh! if I had had the happiness to see you ten months ago, it would have saved me forty pounds.' With pretended reluctance he accepted his accommodations as a recompense, and rode away. Many years elapsed. Holt advance in his profession of law, and went a circuit as one of the judges of the Court of the King's Bench into the same county, where among other criminals brought before him, was an old woman under charge of witchcraft. To support this accusation, several witnesses swore that the prisoner had a spell with which she could either cure such cattle as were sick, or destroy those that were well; and that in the use of this spell she had lately been detected, and that it was now ready to be produced in Court. Upon this statement the judge desired that it might be handed up to him. It was a dirty ball wrapped round with several rags and bound with packthread. These coverings he carefully removed, and beneath them found a piece of parchment which he immediately recognized as his own youthful fabrication. For a few moments he remained silent; at length, recollecting himself, he addressed the jury to the following effect: 'Gentlemen, I must now relate a particular of my life which very ill suits my present character and station in which I sit, but to conceal it would be to aggravate the folly for which I ought to atone, to endanger innocence, and to countenance superstition. This bauble, which you suppose to have the power of life and death, is a senseless scroll which I wrote with my own hand and gave to this woman, whom for no other reason you accuse as a witch.' He then related

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the particulars of the transaction with such an effect on the minds of the people that his old landlady was the last person tried for witchcraft in that country."

Small-pox, which Dryden in his ode on the death of Lord Hastings, calls the "very filthiness of Pandora's box," is thus described by Lord Macaulay. "That disease, over which science has since achieved a succession of glorious and beneficent victories, was then the most terrible of all the ministers of death. The havoc of the plague had been far more rapid, but the plague had visited our shores only once or twice within living memory; and the small-pox was always present, filling the church yards with corpses, tormenting with constant fears all whom it had not yet stricken, leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling at which the mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to the lover."

Leprosy is thus described by Lew Wallace in Ben Hur: "To be a leper was to be treated as dead—to be excluded from the city as a corpse; to be spoken to by the best beloved and most loving only at a distance; to dwell with none but lepers; to be utterly unprivileged; to be denied the rites of the Temple and the Synagogue; to go about in rent raiments and with covered mouth except when crying 'Unclean! unclean!' to find home in the wilderness or in abandoned tombs; to become a materialized specter of Hinnom or Gehenna; to be at all times less a living offence to others than a breathing torment to self; afraid to die, yet without hope except death. * * * Her hair was snow-white and unmanageably coarse, falling over her back and shoulders like so much silver wire. The eyelids, the lips, the nostrils, the flesh of the cheeks were either gone or reduced to fetid rawness. The neck was a mass of ash-colored scales. One hand lay outside the folds of her habit rigid as that of a skeleton; the nails had been eaten away; the joints of the fingers, if not bare to the bone, were swollen knots crusted with a red secretion. Head, face, neck and hand indicated all too plainly the condition of the whole body."

DeBalzac in "The Country Doctor" gives us this vivid picture of a Cretin: "A human face which never could have been lighted up with thought—a living face in which a look of dumb suffering showed so plainly—the same look that is sometimes worn by a child that is too young to speak and too weak to cry any longer; in short, it was the wholly animal face of an old dying Cretin. At the sight of the deep circular folds of skin on the forehead, the sodden, fish-like eyes, and the head, with its short, coarse, scantily growing hair—a head utterly divested of all the faculties of the senses—who would not have experienced as Genestas did, an instinctive feeling of repulsion for a being that had neither the physical beauty of an animal nor the mental endowments of man; who was possessed of neither instinct nor reason; and who had never heard nor spoken any kind of articulate language."

No other disease has the aristocratic lineage of gout. Since the reign of Asa, King of Jerusalem, nine hundred years before Christ, and whose death was impliedly due to it (I. Kings, XV.), there have been but few of those who have worn the insignia of royalty and learning whose legs have not been swathed in flannels for the relief of this *morbus dominorum et dominus morborum*. Its claims to superiority and exclusiveness are supported by its victims, and to such an extent as to deny recognition of its own blood relation, rheumatism. When Lord Chesterfield was in doubt concerning the nature of his complaint, whether it was gout or rheumatism, he remarked: "I wish it were a declared gout, which is the distemper of a gentleman; whereas rheumatism is the distemper of a hackney coachman, or chairman, who are obliged to be out in all weathers and at all hours."

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Charles Dickens in Barnaby Rudge makes Mr. Chester apologize for the servant who opens the door, thus: "You will excuse her infirmities! If she were in a more elevated station of society she would be gouty. Being but a hewer of wood and drawer of water, she is rheumatic."

The same author in "Good Qualities of Gout" again refers to the subject: "A variety of endeavors have been made to define the difference between gout and rheumatism. The gout is rich man's rheumatism, and rheumatism is poor man's gout, which is only good as a figure of speech. Another definition is this: put your toe in a vise and turn the screw until you can bear the pain no longer, that's rheumatism; give the screw one more turn, that's gout."

The following quotation from Lucien is regarded by medical writers as the most graphic description of the pain of gout:

"Thro' every joint the thrilling anguish pours,
And gnaws, and burns, and tortures, and devours."

But it is surpassed, in my judgment, at least, by this taken from Motley's Rise of the Dutch Republic: "Upon the abdication of Charles V., at Brussells, on account of his shattered health, Philbert de Bruxelles, chief orator of the occasion, thus depicted the gout from which the Emperor was then suffering: ''Tis a most truculent executioner; it invades the whole body, from the crown of the head to the soles of the feet, leaving nothing untouched; it contracts the nerves with intolerable anguish; it enters the bones, freezes the marrow, turns the lubricating fluids of the joints into chalk; and it pauses not until having exhausted and debilitated the whole body, it has rendered all its necessary instruments useless, and has conquered the mind by immense torture."

Sydney Smith speaks of the torture of gout in this manner: "Oh! when I have the gout, I feel as if I was walking on my eyeballs;" and old Richard Polwhele describes it thus in epigram:

"Why thus incontinently groan?
His entrails almost taken out!
The Spartan uttered not a moan;
The Spartan—Oh! had not the gout."

The twisting deforming action of rheumatoid arthritis is thus described by Paul Scarron, the noted French writer, who died from its effects: "My malady has shortened me at least a foot. My legs and thighs are in angles; my body and thighs make another angle, and with my head falling over towards my stomach, I resemble somewhat a badly made letter Z. My arms are shrunken like my legs and my fingers are also twisted. In short, I am a living epitome of human misery."

Diseases of the respiratory tract are not given the prominence in literature which their universal presence would lead us to expect. An exposure to a draft of air, change of weather or clothing, or some trivial cause such as that given by Beau Brummel, who took a severe cold from sleeping in a room with a damp stranger, will develop a cold or cough excessively annoying to ourselves, but which on account of its disagreeable features is unsuited for the novelist's purpose.

Oliver Wendell Holmes, doubtless speaking from actual experience, thus alludes to a bad cough: "Coughs are ungrateful things You find one out in a cold; you take it up, nurse it, make everything of it, dress it up warm, give it all sorts of balsams and other foods it likes, and carry it around in your bosom as if it were a miniature lap dog. And by and by, its little bark grows sharp and savage, and confound the thing, you find a wolf's whelp that you have got there, and he is gnawing in the breast where he has been nestling so long."

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Henry Ward Beecher, himself a sufferer from the disease, contributes this sternutative quotation concerning hay-fever: "You never before even suspected what it really was to sneeze. If the door is open, you sneeze. If a pane of glass is gone, you sneeze. If you look into the sunshine, you sneeze. If you sneeze once, you sneeze twenty times. It is a riot of sneezes. First, a single one, like a leader in a flock of sheep, bolts over; and then in spite of all you can do, the whole flock, fifty by count, come dashing over in twos, in fives, in bunches of twenty."

Sydney Smith contributes to the subject in this way: "Light, dust, contradiction, the sight of a dissenter—anything sets me sneezing; and if I begin sneezing at twelve, I don't leave off till two, and am heard distinctly in Taunton (when the wind sets that way) a distance of six miles."

Phthisis pulmonalis figures largely in biography and in fiction. We usually enounter it in the maiden whose heightened beauty and peculiar grace imparted to her by the disease in its incipiency, attract attention and secure homage without her seeking them, and enhance her chances in the market of matrimony. Koch's bacillus furnishes a bloom to her cheeks and a luster to her eye which the cosmetic art cannot imitate. The enticing, decoying beauty of a phthisical maiden is thus described in verse by Whittier:

"Along her cheek the deep'ning red
Told where the feverish hectic fed;
And yet each token gave
To the mild beauty of her face
A newer and a dearer grace
Unwarning of the grave."

Byron gives us two descriptions of the hectic flush as it appears when the disease is well advanced. In Don Juan, he says:

"And on his thin, worn cheek
A purple hectic play'd like dying day
On the snow-top of distant hills."

And in the prisoner of Chillon:

"A cheek whose bloom
Was as the mockery of the tomb,
Whose tints as gently sunk away
As a departing rainbow's ray."

There is a characteristic appearance of a phthisical patient which has attracted the attention of medical writers from the early days of medicine to the present date. It is known as the "Hippocratic Frame," and consists of long, narrow chests with depressed sternums, and with scapulæ having the appearance of wings, elongated necks, clubbed fingers, etc. This description can well be supplemented by that of Henry James, Jr., who, in his "Portrait of a Lady," says: "His thin whiskers languished on a lean cheek; the exorbitant curve of his nose defined itself more sharply. Lean he was altogether; lean and long and loose jointed; an accidental cohesion of relaxed angles."

The master hand of Dickens is shown in his description of the gross appearance of the disease in connection with the death of Smike, a description so graphic that it has found a permanent place in several of our medical and surgical works. He writes: "But there were times, and often too, when the sunken eye was too bright, the hollow cheek too flushed, the breath too thick and heavy in its course, the frame too feeble and exhausted to escape their regard and notice. There is a dread disease which so prepares its victims, as it were, for death; which so refines it of its grosser aspect, and throws around familiar

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looks unearthly indications of the coming change—a dread disease in which the struggle between soul and body is so gradual, quiet and solemn, and the result so sure, that day by day, and grain by grain, the mortal part wastes and withers away, so that the spirit grows light and sanguine with the lightening load, and feeling immortality at hand, deems it but a new term of mortal life—a disease in which life and death are so strangely blended that death takes the glow and hue of life, and life the gaunt and grisly form of death."

As graphic and accurate is this description given by Victor Hugo, in the case of Fantine in Les Miserables: "She was asleep; her breath issued from her chest with that tragic sound peculiar to these diseases which crush poor mothers who sit up nights by the side of their sleeping child, for whom there is no hope. But this painful breathing scarce disturbed an ineffable serenity spread over her face, which transfigured her in her sleep. Her pallor had become whiteness; her cheeks were carnations. Her long, fair eyelashes, the sole beauty that remained of her virginity and youth, quivered though remaining closed. Her whole person trembled as if she had wings which were on the point of expanding and bearing her away. To see her thus, no one could have believed that she was in an almost hopeless state, for she resembled rather a woman who is about to fly than one who is going to die. The branch, when the hand approaches to pluck the flower, quivers and seems at once to retire and advance. The human body undergoes something like this quiver when the moment arrives for the mysterious fingers of death to pluck the soul."

De Balzac, in "The Country Physician," refers to the effects of incipient phthisis upon the voice: "Some maladies of this kind bring about changes in the voice-producing organs that give the sufferer a short-lived power of song that no trained voice can surpass."

In passing to the consideration of diseases of the alimentary canal, we are confronted at its very portal by this reference to the etiology of stomatitis as made by Shakespeare, in Romeo and Juliet:

"O'er ladies' lips who straight on kisses dream,
Which oft the angry Mab with blisters plagues,
Because their breaths with sweetmeats tainted are."

Dickens, in "The Uncommercial Traveler," calls attention to an abnormal condition of the uvula and tonsils as a stigma of degeneracy; in describing a visit to the refractory ward of Wapping Workhouse, he says: "I have never yet ascertained in the course of my uncommercial travels why a refractory habit should affect the tonsils and the uvula; but I have always observed that refractories of both sexes, and of every grade between the ragged school and Old Bailey, have one voice, in which the tonsils and uvula gain a diseased ascendancy."

Notwithstanding the severe blow recently received by the stomach, so far as its functional importance is concerned, at the hands of the iconoclastic Swiss surgeon, it is very probable that it will always retain the prominence which it has attained in literature. Æsop made it conspicuous in his fable of "The Belly and the Members." It is claimed that Waterloo was lost to Napoleon on account of an attack of indigestion from which he at that time suffered; and it is more than probable that many of the memorable events in history affecting both church and State have hinged upon the condition of somebody's stomach. Prior has committed to verse his sense of its position in the animal economy.

"So if unprejudiced you scan
The doings of this clock-work man,
You find a hundred movements made
By fine devices in his head;
But 'tis the stomach's solid stroke
That tells his being what's o'clock."

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Ben Jonson recognized the importance of bestowing care upon such an essential organ when he said, "some people have a foolish way of not minding or pretending to mind what they eat. For my part I mind my belly very studiously and very carefully, for I look upon it that he who does not mind his belly will hardly mind anything else." Robbie Burns, most probably after a night spent with his boon companions at the village inn, says: "Indigestion is the devil, nay, 'tis the devil and all. It besots a man in every one of his senses." Victor Hugo reminds us that "indigestion was sent into the world to read a lecture to our stomachs," and Voltaire declared: "I would exchange a hundred years of immortality for a good digestion." Lord Lytton, in "Kenelm Chillingly," writes: "There are two things in life that a sage must preserve at every sacrifice, the coats of his stomach and the enamel of his teeth. Some evils admit of consolation; there are no comforters for dyspepsia and toothache." Emerson says that "every man would be a poet if his digestion were perfect." Byron, during a fit of indigestion, thus expressed himself: "I wish to God that I had not dined now; it kills me with heaviness, and yet it was but a pint of Bucellas and fish. Oh! my head! How it aches! The horrors of indigestion! This head, I believe, was given me to ache with. I've no more charity than a vinegar cruet; would that I were an ostrich and dieted on fire-irons."

Trollope relieves himself as follows: "Ah, talk of blessings! What a blessing is digestion! To digest? Do you know what it means? It is to have the sun always shining and the shade always ready for you. It is to be met with smiles and greeted with kisses. It is to hear sweet sounds, to sleep with sweet dreams, to be touched ever by gentle, soft, cool hands. It is to be in Paradise. Adam and Eve were in Paradise. Why? Their digestion was good. Ah! then they took liberties—ate bad fruit, things they could not digest. They ruined their constitutions; destroyed their gastric juices; and then they were expelled from Paradise by an angel with a flaming sword. The angel with the flaming sword which he turned two ways was indigestion. There came a great indigestion upon the earth because the cooks were bad; and they called it a deluge. Ah! I thank God there are no more deluges—all the evil comes from this. Macbeth could not sleep. It was the supper, not the murder. His wife talked and talked. It was the supper again. Milton had a bad digestion because he was always so cross; and your Carlyle must have the worst digestion in the world because he never says any good of anything. Ah! to digest is to be happy. Believe me, my friends, there is no other way not to be turned out of Paradise by a fiery two-handed turning sword."

Jerome K. Jerome, in "Three Men in a Boat," thus describes the influence of the stomach: "It is very strange, this domination of our intellect by our digestive organs. We cannot think, unless our stomachs will so. It dictates to us our emotions, our passions. After eggs and bacon it says 'Sleep!' After a cup of tea (two teaspoofuls for each cup, and don't let it stand more than three minutes) it says to the brain, 'Now rise and show your strength! Be eloquent and deep and tender; see with a clear eye into nature and into life; spread your white wings of quivering thought, and soar, a god-like spirit, over the whirling world beneath you, up through long lines of flaming stars to the gates of eternity.' After hot muffins it says, 'Be dull and soulless like a beast of the field—a brainless animal, with listless eye, unlighted by any ray of fancy, or of hope, or fear, or love, or life.' And after brandy taken in sufficient quantities, it says, 'Now come, fool, grin and tumble that your fellow-men may laugh—grin in folly, and splutter in senseless sounds, and show what a helpless ninny is poor man whose wit and will are drowned like kittens side by side in half an inch of alcohol.' We

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are but the veriest, sorriest slaves of our stomach. Reach not after morality and righteousness, my friends; watch vigilantly your stomach and diet it with care and judgment. Then virtue and contentment will come and reign within your heart, unsought by any effort of your own, and you will be a good citizen, a loving husband, and a tender father—a noble, pious man.'"

S. Weir Mitchell says: "A poet has said that 'hope springs eternal in the human breast,' and certainly to judge from the psychical peculiarities of pulmonary disease, he was fully justified. On the other hand, the nervousness and depression which accompany disorders of the abdominal viscera are well known, and give rise to the adage of the Presbyterian divine that 'no man dies a triumphant death who dies of a disease below the diaphragm.'"

It would seem from the frequency of allusions to disorders of the liver that Currie's doctrine that this organ is the Pandora's box from which issue all the evils to which flesh is heir, is universally accepted by those contributing to general literature. Ben Jonson being asked the question, "Is life worth living?" replied, "It depends upon the liver," and Hannah Moore entertained the opinion that "there are no evils in this world but sin and bile."

As diseases of the brain and nervous system are most commonly encountered in the cultured, a study of general literature, especially biography, will prove to be particularly interesting to those of us devoted to this branch of our profession.

The connection between a man's physical and mental condition is a subject of frequent comment. Sterne, in "Tristam Shandy," says: "A man's body and his mind, with the utmost reverence to both I speak it, are exactly like a jerkin and a jerkin's lining; rumple the one, you rumple the other." Oliver Goldsmith adds to this sentiment thus: "A mind too vigorous and active serves only to consume the body to which it is joined, as the richest jewels are soonest found to wear out their settings." Bolingbroke states that "the greatest hero is nothing under a certain state of nerves; his mind becomes like a fine ring of bells jangled and out of tune."

In the description of the death of Beau Brummell, taken from "Timb's Eccentrics," we are furnished with an excellent clinical presentation of softening of the brain: "The different stages of mental decay through which the unfortunate man passed before he became hopelessly imbecile, it is painful to read of. He had repeated attacks of paralysis, loss of memory, inability to distinguish bread from meat or wine from coffee. One of his most singular eccentricities was that on certain nights some strange fancy would seize him that it was necessary that he should give a party, and he accordingly invited many of the distinguished persons with whom he had been intimate in former days, though some of them were already dead, On these gala days he desired his attendant to arrange his apartment, set out a whist table, light the bougies, and at eight o'clock this man, to whom he had already given his instructions, opened wide the door of his sitting room and announced the 'Duchess of Devonshire.' At the sound of her grace's well-remembered name, the Beau, instantly rising from his chair would advance toward the door and greet the cold air from the staircase as if it had been the beautiful Georgiana herself. If the dust of that fair creature could have stood reanimate in all her loveliness before him, she would not have thought his bow less graceful than it had been thirty-five years before; for despite poor Brummel's mean habiliments, and uncleanly person, the supposed visitor was received with all his former courtly ease of manner, and the earnestness that the pleasure of such an honor might be supposed to excite. 'Ah! my dear Duchess,' faltered the Beau, 'how rejoiced I am to see you; so very amiable of you at this short notice. Pray bury yourself in this arm chair; do you know that it was a gift to

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me from the Duchess of York, who was a very kind friend of mine; but, poor thing, you know she is no more.'" Here the eyes of the old man would fill with the tears of idiocy, and, sinking into the arm chair himself, he would sit for some time looking vacantly at the fire, until Lord Alvanly, Worcester, or any other old friend he choosed to name, was announced, when he again arose to receive them and went through a similar pantomime. At ten his attendant announced the carriages and the farce was at an end."

Epilepsy seems to be one of the chief infirmities of genius, and in our research we encounter frequent mention of it. Plutarch tells us that Julius Cæsar was an epileptic; Tallyrand is the authority for the statement that Napoleon had an epileptic fit at Strasburg just before the capitulation of the Austrian army; and Madden informs us that Byron had a number of slight attacks. Shakespeare makes frequent allusions to it, and Dickens gives a partial description of it in Walter Wilding.

References to apoplexy are numerous in literature. In his description of Collantine, Shakespeare evidently refers to aphasia:

"The deep vexation of his inward soul
Hath seived a dumb arrest upon his tongue;
Who mad, that sorrow should his use control,
Or keep him from heart-easing words so long,
Begins to talk; but through his lips do throng
Weak words, so thick come in his poor heart's aid
That no man could distinguish what he said."

In the last illness of Mrs. Skewton in "Dombey and Son," Dickens gives us a description of a right side hemiplegia with aphasia, in which he seems to have anticipated the clinical researches of Broca and others.

Our own Charles F. Lummis, of whom we of the South are so justly proud, describes his own former paralyzed condition in verse, which, I am sure, will be handed down to posterity as a masterpiece:

Pent in a prison of myself
My soul steps twice and turns about,
Or clambers to its narrow shelf
From blood-shot windows to glare out.

It beats upon the sullen clay.
The clay that breathes and still is dead;
It butts against the wall alway,
And stamps around within my head.

The knotted arm that fought so well,
Is numb and knows to fight no more;
The legs that trudged the width of hell,
No longer lift me from the floor.

My very tongue is touched of death;
A dog is not so dumb as I;
Who loves and cannot give it breath,
Who hates and must unspoken lie.

And Will, the Captain, left alone,
Sits dazed within his tent today,
And sees his adjutants disown
The orders once they sprang t'obey.

But no! This mummy be my shell
But not my fate! Betrayed, bereft
Of followers in the citadel
The master lives—the *I* am left.

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The German poet, Heine, during the eight years he lay bed-ridden with a form of paralysis, read all the medical books which treated of his disease. "But," said he to some one who found him thus engaged, "What good this reading is to me I don't know, except that it will qualify me to give lectures in heaven on the ignorance of doctors on earth about diseases of the spinal marrow."

From the number of imaginary ailments to which man is subject, he may be properly termed a disease-fearing animal. Besides those coming to him through the usual sources, he acquires through a diseased imagination other diseases which, while presenting no physical signs, are not less distressing. As Burns expresses it:

"But human bodies are sic fools,
For a' their colleges and schools,
That, when nae real ills perplex them,
They make enow themselves to vex them."

Goethe says: "He who studies his body too much becomes diseased—his mind becomes mad," and there exists a Spanish proverb, "The disease a man dreads, that he dies of." A smattering of medical knowledge is conducive to the development of these imaginary ills, and almost every medical student has experienced them. Dr. Armstrong in one of his lectures said: "You will seldom be alarmed at hypochondriasis when it occurs in young subjects. Since I have lectured here, I have had the honor of curing some of the pupils of extraordinary and dangerous organic diseases by very slight means. I have cured an aneurism of the aorta by a slight purgative; ossification of the heart by a little blue pill; and chronic diseases of the brain by a little epsom salts."

One of the best examples of this dread disease is given by Hogg in his Life of Shelley. He says: "In a crowded stage coach Shelley once happened to sit opposite an old woman with very thick legs, who, as he imagined, was afflicted with elephantiasis, of which he had recently read a formidable description in some medical work, and which had taken entire possession of his fanciful and impressionable soul. He also took it into his head that the disease is very infectious, and that he had caught it of his corpulent fellow-traveler. I never saw him so thoroughly unhappy as he was whilst he continued under the influence of this strange and unaccountable impression. The assurances of his physicians were regarded by him as a humane design, on their part, of soothing one doomed to a miserable and inevitable death. His imagination was so much disturbed that he was perpetually examining his own skin and that of others. One evening, when many young ladies were standing up for a country dance, he caused consternation by walking slowly along the row of charming creatures and curiously surveying them, placing his eyes close to their necks and feeling their bare shoulders, in order to ascertain if any of them had taken the horrible disease. He proceeded with so much gravity and seriousness, and his looks were so woe-begone, that they did not resent the extraordinary liberties. Their partners were standing opposite in silent and angry amazement, unable to decide in what way the strange manipulations were to be taken; yet nobody interrupted his heart-broken handlings, which seemed, from his dejected air, to be preparatory to cutting his throat. At last, the lady of the house perceived what the young philosopher was about, and induced him to desist, and the dance proceeded without any further examination. The monstrous illusion continued for some days; with the aspect of grim despair he came stealthily and opened the bosom of my shirt several times a day, and minutely examined my skin, shaking his head, and by his distressed mien, plainly signifying that he was not by any means satisfied with the state of my health. He also would quickly draw up my sleeve, and by rubbing it, inves-

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tigate the skin of my arm. He opened in like manner the bosom and viewed the skin of his other associates, and even of strangers. This strange fancy after affecting him for some weeks was forgotten as suddenly as it was taken up, and gave place to more cheerful reminiscences and forebodings."

The baneful effects produced upon the ordinary layman's imaginative mind by a perusal of medical books is thus humorously shown by Jerome K. Jerome, who in "Three Men in a Boat," writes: "I remember going into the British Museum one day to read up the treatment for some slight ailment of which I had a touch, hay-fever, I fancy it was. I got down the book and read all I came to read; and then, in an unthinking moment I idly turned the leaves, and began to indolently study diseases generally. I forget which was the first distemper I plunged into—some fearful devastating scourge I know—and before I had glanced half down the list of 'premonitory symptoms,' it was borne in upon me that I had fairly got it. I sat for awhile frozen with horror; and then, in the listlessness of despair, I again turned over the pages. I came to typhoid fever—read the symptoms, discovered that I had typhoid fever; must have had it for months, without knowing it; wondered what else I had got; turned to St. Vitus' dance; found, as I expected, that I had that too; began to get interested in my case, and determined to sift it to the bottom, and so I started alphabetically; read up ague, and learned I was sickening for it, and that the acute stage would commence in about another fortnight. Bright's disease, I was relieved to find, I had only in a modified form, and so far as that was concerned, I might live for years. Cholera I had with severe complications; and diphtheria I seemed to have been born with. I plodded conscientiously through the twenty-six letters, and the only malady I could conclude I had not got was the house maid's knee."

Rousseau, in his "Confessions," well expresses this condition in this manner: "I set about studying anatomy, and considering the multitude, movements and wonderful construction of the various parts that compose the human machine, my apprehensions were instantly increased; I expected to feel mine deranged twenty times a day, and far from being surprised to find myself dying, was astonished that I yet existed. I could not read the description of any malady without thinking it mine, and had I not been already indisposed, I am certain I should have become so from this fatal study. Finding in every disease symptoms similar to mine, I fancied I had them all, and, at length gained one more troublesome than any I yet suffered, which I thought myself delivered from; this was a violent inclination to find a cure, which it is very difficult to suppress, when once a person begins reading physical books. By searching, reflecting, and comparing, I became persuaded that the foundation of my complaint was a *polypus at the heart*. Reasonably, this opinion should have confirmed my former resolution of considering myself past cure; this, however, was not the case; on the contrary, I exerted every power of my understanding in search of a remedy for a polypus, resolving to undertake the marvelous cure."

Dr. Samuel Johnson, the great lexicographer, suffered with hypochondria, and declared that he would consent to have a limb amputated to recover his spirits. His grand precept for the management of the complaint was, "If you are idle, be not solitary; if you are solitary, be not idle."

Charles Lamb gives cheerful and sensible advice to such sufferers, as follows: "You are too apprehensive of your complaint. The best way in these cases is to keep yourself as ignorant as the world was before Galen of the entire construction of the animal man; not to be conscious of a midriff; to hold kidneys to be an agreeable fiction; to account the circulation of the blood an idle whim of Harvey; to acknowledge no mechanism not visible. For once fix the seat of your

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disorders and your fancies flux into it like bad humors. Above all, take exercise, and avoid tampering with the hard terms of art. Desks are not deadly. It is the mind and not the limbs that taints by long sitting. Think of the patience of the tailors; think how long the Lord Chancellor sits; think of the brooding hen."

In submitting this rambling discourse for your approval, I express the hope that my effort in this direction may serve as a stimulus to others, so that in the course of time we will reap the full benefit of the gleanings of this fruitful field which my random glance assures me are worth preserving.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

A NEW DIAGNOSTIC SIGN OF MEASLES.—(*Med. Rec.*, April 9, 1898.) Dr. Henry Koplik describes again his "diagnostic sign," as he thinks it has not received the attention its importance merits. It appears only on the mucous membrane of the cheeks and lips, and from 24 to 72 hours before the eruption of the skin. It reaches its height as the latter appears, then fading. The sign can be seen only in very strong daylight falling from a window direct on the mucous membrane which has been everted. It consists of a bluish-white speck in the center of a reddish spot. Sometimes only a few may exist, and again these whitish specks may cover the whole lining membrane of the cheeks and lips. They never become as white and opaque as sprue spots, nor do they coalesce to become plaque-like in form, but always retain their punctate character. Physicians have misunderstood his *sign*, thinking he referred to the red punctate appearance of the mucous membrane mentioned in the text-books and which is not particularly diagnostic. The infinitesimally minute *bluish-white specks* situated on a reddish punctate area in beginning measles, and on a more diffusely reddened background in advanced cases are what he considers as *absolutely pathognomonic* of measles.

COUGH MIXTURE.—(*Medico Surgical Bulletin.*) A cough mixture much employed in the Roosevelt Hospital, New York City, is the following:

R Codeine..... 4 gr.
Dil. hydrocyanic acid..... 45 drops.
Ammonium chloride..... 45 gr.
Syrup wild cherry to make..... 1½ fl. oz.
Teaspoonful every three or four hours.

ON THE ETIOLOGY AND TREATMENT OF GLANDULAR ENLARGEMENTS IN THE NECK.—(*Amer. Jour. Med. Sci.*, May, 1898.) The glandular enlargements are divided by Miller (*Scottish Med. and Surg. Jour.* Dec., 1897), into six groups differing slightly from the usual anatomical division.

1. Those at the base of the neck, the *occipital* group.
2. Those behind the ear, the *mastoid* group.
3. Those in front of the ear, the *parotid* group, which may again be divided into the superficial and the deep.
4. Those under the jaw, the *submaxillary* group.
5. Those lying along the sterno-mastoid muscles, the *sterno-mastoid* group, which are divided into the superior and the inferior.

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6. Those above the clavicle, the *supra-clavicular* group.

The author, in his paper, deals only with simple chronic and tubercular enlargements. They are not generally noticed until they have existed for some time. The simple ones are usually found in a delicate child, possibly healthy in all other respects. The glands are almond-shaped, firm, not sensitive, freely movable, enlarging very slowly, and with a history of an acute or subacute attack of inflammation.

Tubercular disease has three distinct stages; the ones described are added softening, then liquefaction with final discharge. The author believes that in many cases there is a pre-tubercular stage, and that simple adenitis is often followed by the tubercular.

The groups of glands he describes receive their lymphatics from the areas surrounding them; the occipital from the posterior part of the scalp; the mastoid from the scalp and ear. The parotid from the front of the head, the ear and several other parts; this group is further subdivided into the superficial and deep, the former glands being served by vessels from the front of the scalp, the external ear and meatus, while the latter is connected with the orbit, nose, pharynx, middle ear and upper teeth. The sub-maxillary glands derive their lymph from the cheeks, lips, mouth and lower teeth. Of the sterno-mastoid group, which, along with the submaxillary gland, are the most frequently affected, the upper series is connected with the tonsils, pharynx, esophagus and larynx; while the lower ones are related to the deeper structures and are generally found to become affected secondarily to the upper ones. The supra-clavicular glands are connected with the intra-thoracic and axillary glands.

The clinical importance of these relations is the fact that the cause of the enlargement is usually found to be in these regions. It has always a cause, which should be sought for and removed, if possible. If the cause be not removed, the enlargement will persist, and such persistence (the open door) may give occasion to tuberculosis. Persistent enlargement, after removal of all discoverable causes, generally means tubercular infection or a pretubercular condition; therefore, all persistently large glands should be excised.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

SUGGESTIONS OF A SIMPLE AND SAFE METHOD OF DETERMINING THE LOCATION OF INTESTINAL OBSTRUCTIONS.—(*Jr. A. M. A.*, April 30, '98). Robert W. Reed, M.D. An order of procedure, which will prove expeditious, is, with the entire hand in the cavity, to first explore the left inguinal region, excluding the possibility of obstruction at the hernial orifices on that side. With the hand in this location it is an easy matter to examine into the condition of the sigmoid flexure. If it is distended the inference may at once be drawn that the obstruction is below; if collapsed, it is above. Next, the right hernial orifices should be examined, and the cecum. Should it be distended, the conclusion must be that the obstruction is in the colon. With this much known, it is not difficult to locate it definitely by either following down the distended colon or returning to the left side and tracing up the collapsed portion. If the cecum is collapsed the difficulty is above in the lesser bowels. Now a selection

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must be made of the method by which some eighteen feet of intestines are to be examined.

A less difficult and much safer method than evisceration, or following collapsed bowels is one dependent upon what may properly be termed the *color guide.* At the seat of strangulation, circulatory changes begin at once, which will soon be manifested in the serous coat to the eye; a congestion which deepens and extends further along the distended bowels the longer its exciting cause continues. Should it be some hours, not inches, but feet of the bowels, will exhibit a highly colored injected appearance, which fades from a scarlet at the point of stricture into a pink, and finally is lost in the normal white or gray color. The *suggestion* is, cautiously bring one loop after another of distended intestines into view at the bottom of the abdominal incision, being directed by the sense of touch to those loops tensely distended, as they are nearest the stricture. By carefully noting their appearance a clew will shortly be found in a loop of congested bowels, and by tracing along in the direction in which the color is deepening the obstruction will be found.

SURGERY OF CEREBRAL TUMORS.—At the International Medical Congress at Moscow, Prof. Bergmann (*Neurol. Centralbl.*, *Brit. Med. Jour.*), in speaking of the surgical treatment of cerebral tumors, protested especially against trephining for diagnostic purposes. The localization of tumors is at present so difficult that it is scarcely possible to localize them unless they are either in or close to the motor area; as a matter of fact, where the operation is done without previous definite localization the tumor is seldom found; in six cases operated upon thus by Bergmann he found the tumor only in one. The dangers of the operation, moreover, are considerable.

SURGERY IN WARS PAST AND PRESENT.—The most important factor in the conduct of military and naval surgery at the present day lies in the application of aseptic and antiseptic measures. We may expect about the same amount of immediate mortality on the field as of yore, in proportion to the numbers engaged in battle, but we confidently expect to obtain a much larger percentage of recoveries among the wounded. It is quite certain that the injuries inflicted by modern small arms with their bullets of diminutive calibre must differ considerably from those observed in former wars. Wounds will be less jagged, cleaner, and hence, more easily attended to on the battle-field. With the rapid application of antiseptic dressings we will obtain a notable lessening of those infectious processes which were formerly responsible for so high a death rate. Immediate amputations upon or near the battle-fields will not be so extensively resorted to, and the enormous mortality by which they were followed will give place to results which, while in no way comparable to those observed in civil hospital practice, must be a great improvement on the military surgery of the past. In hospitals we will no longer see patients decimated by hospital gangrene. On the field the employment of large wet dressings will permit the removal of patients to proper quarters, and allow of the postponement of many operations until the shock from which they suffer has subsided.

The efficiency of the surgical service must always be in direct proportion to the facilities offered for the rapid transportation of patients from the field of battle to hospitals where they may best be attended to, and of medical and surgical supplies to stationary and field hospitals.

In naval warfare the shortcomings of our warships as places wherein to treat the sick and wounded are well known. It has been sought to improve this state

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of things by supplying hospital ships that will have more room for the sufferers, and that will be able to rapidly transport them to land. However useful these ships may prove, they are but a makeshift for a sad condition of affairs. Such ships will be in attendance upon fleets, but will not be in attendance upon vessels cruising singly. In case of a battle between two such ships there will always be the possibility that a large number of men may be disabled, and that the small sick-bays provided may prove totally inadequate to the work renderd necessary. It would seem a great pity that our modern constructors should have been obliged to sacrifice to such an extent the welfare of the sick to the efficiency of the vessels as fighting machines. There is no remedy for this state of things, as far as we know, but the wounded on ships will have over land forces the advantage of more prompt aid than befalls those who are scattered upon battle-fields, since we know of what immense value is the immediate stopping of hemorrhage and the prompt dressing of wounds. In these respects the wounded at sea will fare incomparably better than was wont to be the case in the olden days of naval battles.—(*Internat. Jour. of Surg.*)

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

DR. DOYEN OF RHEIMS.—(*Jour. A. M. A.*) W. S. Caldwell, M. D. Dr. Doyen, though residing in Rheims, has a private hospital in Paris, where he spends two days each week. His father was professor of anatomy at the Rheims School of Medicine, was engaged in the manufacture of champagne and left a large fortune when he died. The son, instead of lavishing the money that his father left him on yachts and fast horses, seems to have a passion for fitting up palatial operating rooms and private hospitals. The one at Rheims and the one here in Paris, though eclipsing anything I have seen of the kind, does not seem to satisfy Dr. Doyen's ambition in this direction, so he has bought a piece of ground in a central location in Paris and is erecting an institution which, when finished, will probably be the finest and most perfect of its kind in the world. Though only about 40 years of age, taking all France together, Dr. Doyen has probably the widest reputation as an operator of any man in the republic. In fact, he is looked upon as a kind of surgical prodigy (by those who are not jealous of his rising fame) on account of the daring rapidity with which he operates. In seeking for words to describe his qualities as a surgeon, I will dub him the *lightning operator of the world.* In this light to compare other good operators with him would be to compare the speed of the plow horse on the race course with a Patchen, or the old stage coach of a century ago with the modern express train as a means of locomotion. He has published a new work entitled "Technique Chirurgicale," which is the finest illustrated publication I have ever seen on any surgical subject, and will certainly be a valuable addition to the library of any one who does much surgery, and especially gynecologic surgery. It is a pity that every young doctor who is ambitious to be a surgeon cannot read carefully the introduction to this work. Though it is true that the ideas advanced are those of an enthusiast, still there is a world of truth in the opinions which he sets forth. Among the fundamental ideas that he advances is that the surgeon is born and not made. As in painting, sculpture and music the world has produced a Raphael, a Michael Angelo and a Mozart, who were born with a talent that nothing could

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suppress, so in a like manner must the true surgeon be endowed with a genius that no education can supply. He says: "The English say time is money. I say, '*Le temps c'est la vie*,' or time is life." This idea dominates his soul and his every movement from the moment he seizes his scalpel until his operation is finished. The average man is from thirty to sixty minutes in doing a vaginal hysterectomy; Doyen, in an uncomplicated case, does the same operation in four minutes. I saw him remove, *per vaginam*, a fibroid uterus as large as a large cocoanut by *morcellement* in fourteen minutes, a feat I never saw Péan do within one hour.

While it is an interesting spectacle to observe with what wonderful rapidity a man like Doyen can perform a surgical operation, if we poor, slow, common mortals, not endowed with his talent in that direction should attempt to imitate him, it would be at the expense of the well-being of our patients, though he claims that his results are better than those who operate more deliberately. He looks upon aseptic surgery as a most difficult technique to carry out perfectly. The secondary complications, such as pneumonia and the like that follow surgical procedures, he attributes to an infection that occurred at the time of the operation. The great number of assistants that many surgeons have around them he considers as an element of danger, and in all the work I saw him do he only had two, one of them a female nurse who gave the chloroform and a young physician to manage the specula, retractors and the like. Before beginning an operation he selects his instruments, puts them in a receptacle before him and never allows any one but himself to touch either these or any of his dressings.

CARBOLIC ACID IN GYNECOLOGY.—(*Jour. Am. Med. Assn.*) Dr. Championnière, though perhaps known more widely as a general surgeon than as a gynecologist, does considerable of gynecologic surgery. In doing his vaginal hysterectomies he makes his incision with a thermocautery instead of with a knife and scissors. One peculiarity about all his work is that he washes every cut surface, of whatever kind, with a 2.5 per cent. solution of carbolic acid. He uses this fluid in the peritoneal cavity with a rashness that seems astounding to one who has been taught that its toxic influence is to be feared. He is a perfect enthusiast on this subject and says that in his abdominal work, where he encounters pus sacs and the like, his results are just as good as when these complications are absent, all of which he attributes to his free use of his one to forty solution of carbolic acid. He never, under any circumstances, drains the peritoneal cavity, except in the cases where he has wounded the coats of an intestine and where he fears he may have a fecal fistula follow his operation.

For many years he did his work at the St. Louis in a couple of old wooden pavilions with wooden floors, where all the surroundings would appear to be unfavorable. He is now at the Bonjon and does his abdominal work in an isolated brick pavilion, the inside of which from an aseptic point of view seems to be perfect.

I remarked to him: "You can do better work here and have better results than you could at your old quarters at the St. Louis." He replied: "On the contrary, my results have never been as good here as they were at my old rickety barrack at my old home. Surroundings play no rôle in this matter. This thing of having every one who witnesses an abdominal operation put on an outside sterilized garment is all a fad. If the dirt and microbes do not touch my patient, the instruments or the dressings, I do not fear them. My results here are not as good as at the St. Louis, because I have not been able to organize my help here as well as I had at my old stand."

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DRAINAGE AND ANTISEPTICS.—(*Jour. Am. Med. Assn.*) Of the many questions that are still unsettled, and with regard to which we seem to be still at sea, that of the indications for the drainage of the abdominal cavity after a laparotomy stands out as a most prominent one. The question not only as to whether or not you should drain at all but the material you should use for your drainage, is still a bone of contention among our best operators. The glass tube that is still used by some surgeons, Pozzi and many others say, does not drain, while the gauze that one sees used so often here in Paris Bantock says is a horrid thing to put into the peritoneal cavity, as its use is likely to be followed by adhesions that will leave your patient in a wretched condition and perhaps require a second operation to break up the peritoneal adhesions that your gauze has produced. Championniére, as I have said, never drains, while Bouilly drains lavishly, using a large perforated rubber tube that he cuts off level with his abdominal wound.

Dr. Bouilly is extremely painstaking in his antisepsis and he as well as Richelot and many others in the French capital, adopt the following plan for disinfecting their hands as well as the field of operation: 1, wash in soap, use brush freely; 2, wash in 5 per cent. solution of permanganate of potassium; 3, decolorize by washing in a solution of bisulphate of soda; 4, wash in 1 to 1000 solution of bichloride of mercury; 5, finish by washing in a 95 per cent. solution of alcohol.

ETHER AND CHLOROFORM IN PARIS.—(*Jour. Am. Med. Assn.*) About one-half of the surgeons in Paris use ether, and the other half chloroform. Dr. Championnière says he used ether for two years and then abandoned it for chloreform, and avers that he has seen patients die six months after an operation from chest trouble which he attributed to ether.

EFFECT OF HYSTERECTOMY ON THE NERVES.—(*Jour. Am. Med. Assn.*) Many gynecologists here in Paris claim that the removal of the uterus with the annexes prevent those nervous phenomena that follow the removal of the latter leaving the uterus intact. Championnière denies this absolutely, and avers that the presence or absence of the uterus after the tubes and ovaries are removed, plays no rôle in the matter whatever.

HYSTERECTOMY WITHOUT SUTURE OR CLAMP.—(*Jour. Am. Med. Assn.*) Monsieur Tuffier, at the Pitié, is a fine operator and has lately introduced an innovation in the way of a hemostatic that I think will be new to most of the readers of this article. With this new instrument, which consists of a huge clamp nearly one foot long, the clamp end of which is about one-half inch wide, and which is closed by a kind of jack-screw arrangement at its distal extremity, he is able, after applying it for a few seconds to the broad ligament and uterine arteries, to remove it and no bleeding follow. Thus he does his vaginal hysterectomies without having a single clamp or a single ligature on any blood vessel when he has completed his operation. In his abdominal hysterectomies he only puts on two ligatures, and those on the uterine arteries where the tissues are too short and unyielding to apply his clamp. If this manner of controlling hemorrhage proves a success, it will save these patients a great deal of discomfort, as well as lessen the liability of infection in this class of cases.

The doctor banishes from his surgical paraphernalia all antiseptics. He cleanses his hands first with soap and water and then washes them in 95 per cent. alcohol. He uses aseptic gauze for all sponging and dressing purposes.

FORMALDEHYD DISINFECTION WITHOUT APPARATUS.—(*Jour. Am. Med. Assn.*) The Chicago Health Department claims to have obtained better

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results in recent municipal disinfection by the use of formalin without any apparatus than heretefore with the various autoclaves, generators and other devices. Ordinarily sheets, suspended in the room, were simply sprayed with a 40 per cent. solution through a common watering-pot rose head. A sheet of the usual size and quality will carry from 150 to 180 c.c. of the solution without dripping, and this quantity has been found sufficient for the efficient disinfection of 1000 cubic feet of space. Of course, the sheets may be multiplied to any necessary number.

EXCESSIVE TREATMENT IN DISORDERS OF INFANTS.—(*Kansas City Med. Rec.*) In an article upon the subject named the specialist in pediatrics, Neumann, of Berlin, gives the following warnings:

1. Do not bathe the infant and thus remove the vernix caseosa, which is, itself, aseptic. The first bath should be given *after the navel wound is healed.*

2. Avoid too much cleansing of the mouth of the infant by rubbing and scrubbing it out.

3. Refrain from scarifying the gums with the idea that dentition is a pathologic process.

ANTISEPTICS IN OBSTETRICS.—(*Jr. A. M. A.*, April 30, '98). Dr. Gustavus M. Blech says you may just as well use plain water as to throw in solution of boric acid, it is just as effective. Weak solutions of bichloride and carbolic acid will not render the parts aseptic; stronger solutions will cause intoxication by absorption. He relies solely upon hydrozone, which is as bland as water, yet kills the ordinary pathogenic micro-organisms in a few seconds by oxidation.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

OTITIS MEDIA PURULENTA.—(*Laryngoscope*, May). Moure (Bordeaux). Reported by King. The parts are thoroughly cleansed and the meatus packed with iodoform gauze. If discharge is great, injections are used, otherwise not. The gauze is used three or four times a week. If discharge does not cease within three weeks or a marked improvement is not obtained, the bones are removed, the cavity curetted and dry dressing used as before. If this does not suffice, a modified Stackes operation is done.

LARYNGEAL TUBERCULOSIS.—Moure (Bordeaux). Is treated by local applications of four to ten per cent. of carbolized glycerine followed by insufflation of iodoform. The forceps is used to remove granulations and local infiltrations. Lactic acid is not used. Intra-tracheal injections of oil with creosote or menthol are occasionally used.

OCULAR MUSCLES, INSUFFICIENCY OF.—(*Med. Record*, April 9). Payne, in a paper, claims that where there is a tendency for the eyes to deviate in the vertical and horizontal meridians, there is a difference in the refraction of the eyes. A horizontal tendency only when the refraction is the same. When there is insufficiency of the oblique muscles there is a difference in the refraction of the two eyes.

OPHTHALMIC CRISES IN TABES DORSALIS.—(*Wiener klin. Rundschau*, Jan., 1898). P. K. Pel (Amsterdam) reports a case of locomotor ataxia with paroxysmal disturbances of both eyes, which consisted of irritation of the sensory,

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secretory, motor, and vaso motor nerve fibres. The most prominent symptoms were severe burning, lancinating pains in both eyes and their immediate neighborhood. During as well as after the attack an hyperesthesia of the eyes and their surroundings could be confirmed. The psychical condition of the patient also showed slight changes during the attacks. Pel designates these attacks as tabetic ciliary neuralgias with marked vasomotor and secretory symptoms, and looks upon them as true ophthalmic crises (crises ophthalmiques).

ANGINA PECTORIS FOLLOWING INFLAMMATION OF THE TONSILS.—(*Revue Medicale de l'Est*, October 15, 1897; *Deutsche Medizinal-Zeitung*, March 17, 1898). Zilgien records four cases of angina pectoris of several weeks' duration, following febrile inflammation of the tonsils. He thinks the trouble was a neuralgia of the cardiac plexus occasioned by toxic materials formed in the tonsils.

CORRESPONDENCE.

SECTION ON ORTHOPEDIC SURGERY BEFORE THE NEW YORK ACADEMY OF MEDICINE.

(Meeting af February 17, 1898. Dr. E. P. Janeway, President of the Academy, in the chair.)

Dr. T. H. Myers read a paper on "Non-Tubercular Inflammations of the Spine." The following is an abstract of the paper and discussion:

Dr. Myers said that syphilitic inflammation of the spine was found in all regions of the column and might involve any of the tissues and any of the vertebral parts, with the exhibition of the periostitic, ostitic and other varieties of inflammation. In the cases of two boys whose histories were related, the cervical and dorsal regions were affected respectively. In the former there was the deformity of wryneck and in the latter a kyphosis. Pain and rigidity were present. There was no history of transmission, but the presence of syphilitic dactylitis and prompt and repeated response to anti-syphilitic medication determined the diagnosis. Both patients were much relieved by mechanical treatment.

Dr. W. R. Townsend said that this form of spine disease was a rare affection. The kyphosis did not differ from that of the spine affected with tuberculosis, and there was generally a history of inherited syphilis.

Dr. R. H. Sayre said that in making a diagnosis in children the presence of multiple arthritis would indicate syphilitic rather than tubercular disease of the spine, especially if the child were under eighteen months of age.

Dr. B. Lapowski said that dactylitis syphilitica had no characteristic symptoms, and was therefore valueless in distinguishing between syphilis and tuberculosis. Neither was a response to anti-syphilitic treatment a certain guide, since anti-syphilitic medication produced good results in tubercular diseases, and of late hypodermic injections of sublimate had been used with good effect in gonorrheal rheumatism.

The president said that it was not rare to see a person suffering from both tuberculosis and syphilis. He had also seen cases which were thought to be tubercular, but which yielded to anti-syphilitic treatment.

Dr. Myers said that the relation of congenital syphilis to tuberculosis was not well understood. It was possible that transmission might make the offspring a more than usually favorable soil for tubercular infection. Moreover, there were cases of a mixed infection, a tuberculous subject acquiring syphilis, or vice versa.

Rheumatic inflammation of the spine was more certainly recognized. In rheu-

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matoid arthritis, which was by far the most common, other joints were also affected and there was slowly increasing and poorly defined deformity from inability of the column to withstand the superimposed weight, with a varying degree of pain. Mobility and pain declined together, and the latter ceased when anchylosis was established. The bones exhibited sclerosis with atrophy and absorption under pressure. Active medication was required with protection and immobilization. Every effort should be made to secure anchylosis, if it was inevitable, in the best possible position of the spine.

Dr. C. C. Ransom would make a clear distinction between spinal rheumatoid arthritis and rheumatic disease of the spine. The latter affection, when limited to the spine, was comparatively rare and usually affected the lower dorsal and upper cervical regions, rarely exhibiting cartilaginous and osseous changes, and fibrous anchylosis due to ligamentous changes only in very exceptional patients and in those of advanced years. Rheumatoid arthritis of the spine, on the other hand, exhibited muscular atrophy, deposits about the joints and characteristic deformities of other affected joints. In its treatment the classic remedies used in rheumatism had little if any effect, and, with the exception of iodide of potassium, were apt to do more harm than good. In the treatment of rheumatism of the spine, however, the methods usually employed in rheumatism would be found to give good results Specific remedies, such as salicylic compounds, iodide of potassium and colchicum might be used in the active stage and to relieve distressing symptoms. But to cure the trouble our dependence must be on general tonic and hygienic treatment including iron, arsenic, the hypophosphites, hydrotherapy, massage and, when pain on motion had sufficiently subsided, proper forms of active exercise regularly carried out.

Dr. Townsend could recall but one or two cases in which the diagnosis of rheumatic affection of the spine could be clearly made out. He referred to rheumatic changes in the bones and joints of the spine. Rheumatic pains affecting the spinal muscles were sufficiently common.

Dr. Sayre recalled a case which at first seemed to be tubercular inflammation of the cervical spine. There were pain and limited motion. A support enabled patient to move without pain. Different diagnoses were made by a number of observers. Syphilis was eliminated. Atrophy and an inelastic condition of the muscles suggested a nervous origin of the trouble. The inflammation progressed and a few years later the entire spine was rigid. Stiffness of the costo-sternal and costo-vertebral joints interfered with full respiration and other joints were involved. There had been some relief from gentle massage.

Dr. Myers said that the diagnosis of malignant disease of the spine was readily made in cases in which a malignant growth had already occurred in another part of the body, but if the primary manifestation was in the spine the affection might be overlooked. The growth might infiltrate the bodies, transverse processes, laminæ and spines or occur externally on the sides of the vertebrae. Small metastases might occur in the neighborhood and the spinal nerves were oppressed by invasion of the inter-vertebral foramina. The average duration of life after the onset was eight months. The most constant symptoms were pain and motor paralysis. Kyphosis was found in some cases. Severe pain and the occurrence of sensory paralysis before the appearance of the motor symptoms were considered as rather diagnostic.

Dr. V. P. Gibney said that this affection was very interesting to the general practitioner and to the specialist because of the peculiar symptoms and the difficulty of making the diagnosis, which, however, could as a rule be made early. The severity of the symptoms was so great and the pain in certain regions was so

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acute and persistent that their significance could generally be recognized. Another point was the cicatrix in the mammary region showing a previous amputation of the breast, a fact which was often concealed by the patient. If this was found the disease of the spine was undoubtedly malignant.

Dr. B. F. Curtis had operated in a case in which the diagnosis was uncertain. The patient was a woman of 35 years. The right breast had been amputated a year previously for a supposed malignant growth. She had complained for five months of pain, not very severe, in the back and chest. Examination showed practically nothing. Later the knee reflex was lost and very soon anesthesia appeared. The prick of a pin was not felt below the umbilicus. There were retention of urine, involuntary discharge of the faeces, complete paralysis of the lower extremities and kyphosis in the mid-dorsal region. A bed-sore developed over the sacrum. The patient was examined by a number of men whose diagnosis varied from secondary deposit to Potts' disease. Operation was urged, and rather against his own judgment, as he favored the former opinion, he was induced to do a laminectomy on the 5th, 6th and 7th dorsal vertebrae. He found the cord slightly compressed and congested. The 6th dorsal was softened and projected somewhat against the anterior surface of the cord. There was, however, no marked thinning of the cord, and nothing in the cord to account for the severity of the symptoms, which were not relieved. The wound healed by primary union, but the bed-sore was very extensive and the sacrum necrotic. The patient died of sepsis on the sixteenth day after the operation.

Dr. C. N. Dowd referred to the tendency of breast cancer to form spinal metastases. In twenty-nine cases there were five in which this had occurred. The suffering was intense. The possibility of such a metastasis was a strong argument for early operation on the primary growth.

The President said that primary malignant disease of the spine was rare, but its appearance secondarily was not uncommon. In the latter case, if the pain was severe, the diagnosis could generally be made. The diagnosis of primary new growth in the spine was more difficult, but could usually be made by watching the course of the case. There was usually great pain and often paraplegia, so that the name *paraplegia dolorosa* had been applied to the disease. There was no pain more severe. If the patient developed pain in the spine after having had a tumor removed there was probably a location of the disease in the spine, although the surgeon who operated might not want to admit it.

Dr. S. Lloyd had operated for the removal of an hydatid tumor of the spine in a case in which the diagnosis had long been uncertain. There was a distinct kyphosis, and among the symptoms had been pain in the lumbar region, partial sensory and complete motor paralysis, vaso-motor disturbances, sphincter paralysis and cystitis. The patient had been treated by a number of surgeons for tubercular disease of the spine. Nine years from the beginning of the symptoms the tumor was discovered and removed from between the processes of the 8th and 9th dorsal vertebrae, where the adjacent bones were eroded. The paralysis disappeared and the man went back to his trade. A few months later he died paraplegic after being crushed in a railroad accident. The spine was fractured and at the autopsy two hydatid cysts were found in the cauda equina.

Dr. Myers said that gonorrheal inflammation of the spine was a very rare affection; and that typhoid spine was more common, depending on an inflammation of the periosteum or other fibrous structures. Infectious inflammation of the spine followed attacks of the infectious diseases of childhood. He gave histories of two cases in which wry-neck, not differing from that of vertebral caries had disap-

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peared without sequel after treatment by the application of a brace with a chin-piece.

Dr. Sayre had seen only one case of gonorrheal disease of the spine. The history was clear and there were pain and disability of the spine, a slight kyphosis and stiffness in the other joints. He had seen a few cases in which erosion by an aneurism with marked kyphosis had been confounded with Potts' disease. Cases were on record in which suspension for the reduction of the kyphosis had been followed by rupture of the aneurismal sac and death.

The President said that several such cases had come under his observation which had been supposed to be tubercular disease of the spine. In one the patient suddenly fell back in bed and expired.

Dr. Myers said that traumatic inflammation of the spine was seen in adults more often than in children, and was usually the result of considerable violence. The kyphosis was not often significant. An abscess sometimes followed, and the symptoms might include pain in the spine, not anteriorly, great disability, muscular twitching and exaggerated knee reflex. The prognosis was good except in severe injuries. Fracture should be carefully protected and for a long time.

Dr. Lloyd said that violence might cause tearing of the muscles and possibly an infected inflammatory area with rigidity, but without kyphosis. There might be paralysis below the point of injury with rectal and vesical symptoms, and in some cases an abscess with finally good recovery. In other cases a greater degree of violence produced partial dislocation of fracture, with or without kyphosis. In these cases the crepitus was especially important, as symptoms of compression of the cord might not appear till two or three weeks after the injury.

Dr. G. R. Elliott said that when we had a distinct lesion of the spine, such as fracture of the vertebrae, laceration of the ligaments, extra-dural hemorrhage, the cord itself escaping, together with clearly demonstrable objective signs such as possible bony changes, muscular atrophy, some motor paralysis and distinct electrical degenerative reactions, we had a condition far from common, and one very much more valuable in a medico-legal sense than the neurotic symptom-group called *railway* spine which, when standing alone and unsupported by objective signs, admits of endless neurological speculation.

The President recalled the case of a woman who had been shot in the mouth with a blank cartridge. Stiffness of the neck and spinal paralysis developed and the autopsy showed suppuration running down the cervical vertebrae beneath the periosteum and into the inter-vertebral foramina with a secondary inflammation of the cord. Also the case of a boy who had been kicked over the sacrum and who was suffering from what was supposed to be spinal meningitis. An autopsy showed necrosis of a portion of the inner surface of the sacrum with exudate outside of the dura mater, but running along the roots of the nerves, and also an inflammation with exudate intradural and subarachnoid.

Dr. Townsend said that instances of non-tubercular inflammation of the spine were extremely rare in comparison with the vast number of tubercular cases which came under observation and treatment.

Dr. A. B. Judson said that when a patient complained of spinal pain and spinal disability, the first thought was to exclude Potts' disease. It was strange that these symptoms were not found in a condition so closely simulating fracture of the worst type of traumatism. On the other hand, in the non-tubercular inflammations, as a rule, spinal disability and pain were early and prominent symptoms, marking a frank and sometimes alarming onset very different from the long-continued and insidious approach of vertebral caries.

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Dr. Gibney said that we were not apt to look for tuberculous diseases of the spine in adults, while they were very frequent in children.

The President said that the possibility of making a mistake should be borne in mind, for instance, in an injury occurring in a man who was both tubercular and syphilitic. The only way was to go over all the points of each disease and exclude as many as possible, not forgetting that two diseases might be present in the same patient.

Dr. Myers said that if a patient were curable within a year, the diagnosis of tuberculous spondylitis should be reconsidered. From a medico-legal standpoint, it was important to remember that a considerable number of chronic and increasing kyphoses were not tubercular in their origin, and that such disabilities should not be rated so high in awarding damages as those which were tubercular. In life insurance, also, applicants with non-tubercular impairment of the spine should have a more favorable consideration than those whose disability had a tubercular origin.

REPORT OF EXECUTIVE COMMITTEE OF SOUTHERN CALIFORNIA MEDICAL SOCIETY.

The executive committee would, as suggested by the president in his annual address, advise the appointment by the chair of a Committee on Public Health, consisting of three members, whose duty shall be to co-operate with County, State and National Societies and Boards of Health, and report their action annually to this Society.

The committee also approve of the resolutions offered in the address, and would ask their approval by this Society and publication in the *Press*, of Santa Barbara. The resolutions are as follows:

Resolved, That we regard it as much a duty on the part of the State to protect its citizens from the fearful ravages of tuberculosis, as to shield them from the pestilence of variola.

Resolved, That the State employ at public expense the service of well-qualified and legally registered veterinarians in every county, who shall act in the capacity of official insepctors of herds, with authority to condemn and dispose of all animals having visible or tangible evidence of tuberculosis.

Resolved, That the services of the Inspector, and the tuberculin employed shall be furnished free to any one making application for the tuberculin test, upon signing an agreement or contract, the conditions of which shall be to dispose of, within a limited time, all animals that react to the tuberculin test, isolating them in the mean time from those who do not react, and to comply with all sanitary regulations under penalty.

Resolved, That the products of those dairies pronounced free from tuberculosis by the Inspector shall bear a conspicuous label, with his official indorsement indicating the fact.

CEPHAS L. BARD, Chairman,
GEO. S. HULL,
LOUISE M. HARVEY. } *Committee.*

A DOCTOR'S EPILEPTIC SON.

"My son is doing splendid, has had but one paroxysm in five months, and I think that was caused by reducing the dose of Neurosine. I am so hopeful of a permanent cure that I am determined to persevere in this treatment. I am having many inquiries from physicians as to the merits of 'Neurosine,' and recommend it to those who have cases of epilepsy."

April 9th, 1898. G. W. GAINES, M.D., Hickory Flat, Ky.

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SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

After an interval of eight years the Southern California Medical Society held its twenty-first semi-annual session at Santa Barbara. There was a small attendance—twenty-seven members—but considerably more than eight years ago. Of the twenty-two papers promised but ten were read, and two volunteer papers in surgery. The discussions were good, and the interest well sustained. The official program was from unavoidable reasons considerably deranged. Dr. T. J. McCoy read his paper first, on Pearl Cyst of the Iris. Dr. J. T. Stewart followed with an article on Appendicitis. This subject evoked considerable discussion. Dr. C. L. Bard described the Technique of Gynecological Operations and exhibited original apparatus. Dr. F. D. Bullard gave a short article on Serum Therapy. The president also delivered the Annual Address.

In the evening Dr. Lindley gave an illustrated talk on the methods of operating in vaginal hysterectomy. Dr. D. B. Van Slyck also gave a talk on Amputation of the Cervix. Both of these subjects elicited lively discussions. Dr. M. L. Moore read a practical paper entitled "The Physician's Duty to the Pregnant Patient."

On the second day Dr. O. V. Sessions read an article on "Asthma," which paper received the widest discussion of any at the meeting. Dr. Geo. L. Cole had a paper on Puerperal Septicemia, and Dr. Louise M. Harvey reported a case of Tedious Labor. These two articles were fully discussed. The afternoon session was not so well attended on

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account of the nearness of the time of departure. Dr. W. M. Sherman read a paper entitled The Identification of Blood Stains, Dr. A. L. Kelsey one on Cold in the treatment of Diseases of Children, and Dr. W. W. Beckett reported four interesting cases.

This, beside the routine work, took up the two sessions. Taking all the circumstances into consideration, the meeting was a success. The nearness both in time and place to the State Society, and the war, were factors which militated against a large meeting. Dr. C. D. Ball, the first vice-president, who was on the program, was with the Seventh regiment which was called out during the meeting. Of the various departments Obstetrics and Gynecology alone were fully represented. Nervous diseases, physiology and skin and venereal diseases were not touched upon. Therapeutics had but one paper, the chairman having been appointed only a few days before the program was made up. Los Angeles was selected as the next place of meeting. The following were elected officers: Drs. Joseph Kurtz, Los Angeles, President; M. R. Toland, San Jacinto, First Vice-president; A. L. Kelsey, Santa Paula, Second Vice-president; H. Bert Ellis, Los Angeles, Secretary and Treasurer; H. G. Brainerd, Fred Baker and D. B. Van Slyck, Censors. Three new members, Drs. Fitch C. E. Mattison and S. C. Bridgham, of Pasadena, and H. M. Pomeroy, of San Diego, were elected.

There are two lessons to be learned from this meeting. First, a larger number of the local men ought to join the district society. No county can afford to cut itself off from the rest of the district. The second is, the chairmen of the various sections should either present their own papers or have enough in reserve to fill up the gap. It is better to have several well digested short papers, than long treatises. It would also be well to have the chief disputant assigned before the opening of the session.

THE STATE MEDICAL SOCIETY.

The recent meeting of the State Society at Fresno was well attended and by no means dull. The papers were good, but as is often the case too numerous, leaving altogether too limited time for discussions. The election was exciting, the closeness reminding one of a political campaign in the doubtful States. This society is a strong factor in the professional life of the State, and we sincerely hope it will not be injured by political maneuvering. It would be a sorry thing if it should suffer on account of rivalries in San Francisco. Let the best men be put forward regardless of the "set" he is supposed to represent. Let all members heartily support whomsoever the society elects. President Kerr has faithfully served the society in the past; let the

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members repay him by making his administration a success in all respects. The next meeting will be held at the famous resort of Monterey, thus departing from the usual custom of having the alternate meeting in San Francisco.

The following were elected officers for the ensuing year: Dr. Wm. Watt Kerr, President; Dr. A. J. Pedlar, First Vice-president; Dr. Geo. L. Cole, Second Vice-president; Dr. D. A. Hodgehead, Secretary; Dr. Thos. Ross, Treasurer.

EDITORIAL NOTES.

THE Riverside county hospital, recently destroyed by fire, will be rebuilt on the old site at San Jacinto.

DR. E. A. FOLLANSBEE is taking a much needed rest at Albuquerque, N. M. She will remain two or three months.

WE are pleased to note that Dr. Wellington C. Burke has sufficiently recovered his health to return to Los Angeles to practice.

AT the last meeting of the San Diego Medical Society a paper was read by Dr. Geo. Cleary on "Diseases of the Lachrymal Duct."

DR. WM. T. STROTHERS of Los Olivos has removed to Los Alamos, having purchased the practice of Dr. J. W. Graham, who has removed to Lompoc.

DR. GEO. W. LASHER has gone East for two months, visiting his old home on the Hudson and spending some time in Baltimore, New York and Chicago.

AT the regular monthly meeting of the Orange County Medical Society, Dr. W. B. Wood of Orange read a paper on "Suggestion as a Therapeutic Measure."

THE Pasadena Medical Association at its last meeting had a paper by Dr. Chas. L. King on "The Hygienic and Outdoor Treatment of Tuberculosis."

FOR SALE.—My house, six rooms, an acre of land set to choice fruit, and practice of $1500 to $2000 a year, for $2000. Address A. E. Englehardt, Glendora, Cal.

THE commencement of the Medical Department of the University of Southern California will be held Thursday evening, June 2, at the Los Angeles Theater. Drs. J. H. Utley and Granville MacGowan will deliver addresses.

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On account of the prevalence in Southern California of epidemic cerebro-spinal meningitis, it will be the subject for discussion at the next meeting of the Los Angeles County Medical Association, Drs. H. G. Brainerd, J. H. Davisson and Wellington Burke presenting papers. As the topic is of such importance it is to be hoped that all will avail themselves of this opportunity to refresh their memories.

The health officers have been appointed during the month in various places as follows: Dr. T. L. Magee, San Diego; Dr. F. M. Casal, Santa Barbara; Dr. C. L. Stoddard, Colton; Dr. W. L. Cuthbert, Long Beach, and Dr. P. S. Lindsey in Santa Monica.

At the third annual meeting of the Western Opthalmologic and Otolaryngologic Association held in Chicago, April 7th and 8th, the following officers were elected for the ensuing year: President, Dr. J. Elliott Colburn, of Chicago; first vice-president, Dr. W. Scheppegrell, of New Orleans; second vice-president, Dr. Casey A. Wood, of Chicago; third vice-president, Dr. H. Gifford, of Omaha, Nebraska; treasurer, Dr. W. L. Dayton, of Lincoln, Nebraska; secretary, Dr. F. M. Rumbold, of St. Louis, Mo. New Orleans was unanimously selected for the next meeting, which takes place just before the Mardi Gras of 1899, thus allowing the members to conclude their scientific session with the gaieties of the carnival session.

The thirteenth annual meeting of the Conference of State and Provincial Boards of Health of North America will be held in Detroit, Mich., August 9th, 10th and 11th, 1898. The third day will be given to discussion of the *the various phases relating to the restriction and prevention of tuberculosis*.

BOOK REVIEWS.

A TEXT-BOOK ON SURGERY, GENERAL OPERATIVE AND MECHANICAL. By John A. Wyeth, M.D., Professor of Surgery in and President of the Faculty of the New York Polyclinic Medical School and Hospital, etc. Third edition, revised and enlarged. New York: D. Appleton and Company. 1898.

It is with genuine pleasure that the reviewer sees his student-day text-book brought up to date. The following is a brief résumè of the work. The first six chapters form an introduction on surgical pathology, including inflammation and its process of repair on the tissues, infective inflammation, bacteriology, suppuration and septicemia, urethritis—specific and non-specific, erysipelas, hospital gangrene, actinomycosis, glanders, tetanus, malignant edema, foot and mouth disease, hydrophobia and tuberculosis, syphilis, and diphtheria. Chapter VII treats of surgical dressings, asepsis and antisepsis, sterilization, operating room and instruments. Chap. VIII, anesthesia. Chap. IX, hemorrhage, wounds and wound sutures. Chap. X, burns, scalds, skin-grafting, frost-bite, furnuncle, carbuncle, ulcers, gangrene. Chap. XI, bandaging. Chap. XII, amputations (65 pages). Chapter XIII,

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surgery of the lymphatic vessels and glands, veins and arteries. Chap. XIV, aneurism. Chap. XV, ligation of arteries (40 pages). Chap. XVI, surgical diseases of the bones, including fractures (55 pages). Chap. XVII, surgery of the articulations, including dislocations (60 pages). Chaps. XVIII to XXIX are devoted to regional surgery, including, of course, all the abdominal, visceral, and artificial procedures, hernia operations, appendicitis, etc. The last chapter (XXX), discusses deformities and their treatment.

Few writers have the happy faculty of so judicious a selection of material and procedure, and so direct a way of putting it, as Wyeth. One who is at the same time a master of surgery, and yet truly conservative in advice. It is fitting that he should rewrite his work, and make it as modern as any. The publisher deserves not a little credit for the appearance of the work; its typography, its paper, its illustrations and binding are all that a work of high order from a first-class firm would necessarily require. It is fully up in the latest fairly established surgical data; the war projectiles, on page 36, at the present juncture, serve as sharp reminders of the destructive engines of man. The constructive power of man in repairing the injuries of design or accident, in removing the defects of nature, in obliterating localized disease, is best seen in the art of surgery. The systematic presentation of that art has been most excellently carried out by Wyeth, and it is given to us in this text-book, suited alike for the school or the practice, and sought with equal assurance by the student and the general reader.

A COMPENDIUM OF INSANITY. By John B. Chapin, M.D.,, LL.D., Physician in Chief Pennsylvania Hospital for the Insane, etc. Illustrated. W. B. Saunders, 925 Walnut St. 1898. Price $1.25.

This little book is a condensed and concise compendium on the subject of insanity, for the aid of students, physicians and members of the legal profession. It gives as its fundamental dictum the following (p. 28): "To determine the existence of insanity, as there is no recognized standard of soundness with which a comparison can be made, the mental state when it is under consideration must be compared with what it was when in a normal condition so far as that can be ascertained." It commends the following definition of insanity as "that mental condition characterized by a prolonged change in the usual manner of thinking, acting and feeling—the result of disease or mental degeneration." It proceeds, after various definitions, classifications and descriptions, to discuss at length melancholia and its treatment and varieties, the various forms of mania and their management. Afterwards it devotes some short chapters to dementia, paresis, epilepsy, abnormal physical states, morbid anatomy, medical certificates and feigned insanity. The book is simple in style, and can be understood even by the laity, direct in statement, careful in definition, and altogether an excellent elementary résumé of insanity, which has at least the virtue of inculcating no error, as far as our present knowledge goes.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Physiology, Otology, and Dermatology, and Specially Prepared Articles on Treatment by Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D., Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician to and Lecturer on the Principles and Practice of Medicine in the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen. Vol. 1. Eighth Series. 1898. Philadelphia: J. B. Lippincott Company.

This number opens with a strong protest against the salicylates in visceral rheu-

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matism. The author, Jaccoud, believes in the infectious nature of rheumatism. Digitalis as a diuretic in cardiac weakness rather than in renal disease, is the pith of the second paper. The use of opium, especially in conjunction with strychnine, is discussed by Todd, of Atlanta. Venectomy and massage in varicose veins and ulcers, is the talk of Maylard's paper. Marfan's treatment of whooping cough agrees with the reviewer's experience. "I now begin to treat a case of whooping cough with bromoform; if that fails, I try antipyrin, then belladona, and finally fall back on a condensation of the last two. At the present time bromoform appears to be the remedy that succeeds oftenest." Placenta previa, typhus fever, chlorosis, and its treatment are the subjects of the next four clinics. Puerperal sepsis, scabies, and a valuable paper on the preventive treatment of appendicitis complete the special lectures on treatment. Medicine is represented by articles on myocarditis, perforative peritonitis, weak heart and gastrectasis, varicella, ulceration of pylorus and its consequences, aortic aneurism, aortic diseases of the heart, pulmonary tuberculosis, tubercular pleurisy, tachycardia, and a triple clinic by Norman Bridge on splenic enlargements, fibroid phthisis, and endocarditis. Neurology claims but two lectures, both of them excellent; one on spinal irritation, by McCall Anderson, and the other on general paralysis, by Alexander James.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX. A Work of Reference for Medical Practitioners. 1898. Sixteenth Year. New York: E. B. Treat & Co., 241-243 West 23d St. Chicago: 199 Clark St. Price $3.00.

Our shelves would miss Treat's Annual if it ceased publication, but from the character of the present volume we do not believe the profession will allow this meritorious work to fail from insufficient patronage. Shattuck's Atlas of "Bacteria Pathogenic in man," with its beautiful full-page plates and the accompanying descriptions of the methods of indicating and examining germs, will enable the general practitioner to practically differentiate the micro-organisms for himself. The plan pursued is the same as hitherto; short articles by eminent authorities on subjects alphabetically arranged, comprise the major part of the book.

Wm. Murrell has a comprehensive and concise review of the year's progress. This dictionary of new remedies is one of the great features of the work. He gives quite a discussion of animal therapy, and then describes more or less at length some seventy remedies which are new either in fact or in application during the past year. Rockwell has an illustrated chapter on electro-therapeutics, and Chas. Lloyd Tuckey on hypnotism and suggestion. J. E. Conway has an article on legal decisions affecting medical men and the public health. Joseph Priestly writes an illustrated paper on sanitary science. T. D. Crothers on concealed alcohol in drugs. Irving S. Haynes gives a short article on new inventions (illustrated). The volume closes with a bibliography of the year.

We are of the opinion that the general excellence and the moderate price of this annual, together with its conciseness and convenient size, will procure it a wide circulation.

THE April (1898) number of *The Alienist and Neurologist* contains: "The Milder Forms of Periodical Insanity," by Dr. A. Hoche, Strassburg; "The Physiological and Pathological Relations Between the Nose and the Sexual Apparatus of Man," by John Noland Mackenzie, M.D., Baltimore; "Alcoholic Epilepsy—A Wrong Theory Misapplied to the Case of Arthur Duestrow," by Dr. C. H. Hughes, St. Louis; "Psychro-Aesthesia (Cold Sensations), and Psychro-Algia (Cold Pains)," by Charles L. Dana, M.D., New York; "Auto-Erotism: A Psychological Study," by Havelock Ellis, London, Eng.; besides the usual selections, editorials, reviews, book notices, etc. Subscription, $5.00 per annum; single copies, $1.50.

C. H. HUGHES, M.D., 3857 Olive Street, St. Louis, Mo.

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ANNUAL AND ANALYTICAL CYCLOPEDIA OF PRACTICAL MEDICINE. By Chas. E. de M. Sajous, M.D., and one hundred associate editors, assisted by corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Vol. I. Philadelphia, New York, Chicago: The F. A. Davis Company, Publishers. 1898. $5 per volume cloth. $6 half Russia.

This encyclopedia will be issued semi-annually until six volumes are printed (completing the series). The subjects are arranged alphabetically. It has three distinctive features. First, a concise statement of the generally accepted truths in one style of type. Second, the opinions of individual authorities that may be of great value, but not universally accepted, in smaller type. Third, the classification of recent literature ('96 and '97) by itself.

We believe that this new evolution will be superior to the well-known annual. It will be more selective, and authoritative, and yet will not be too dogmatic in that it will give scope to the individual in the presentation of the more doubtful subjects in a class by themselves. The practitioner can not fail to find in this work many practical points gleaned from the literature of the past decade by well known harvesters of medical progress. The busy doctor who may be called upon to write a paper for his local society will find more facts germane to his subject than he could find by long searching in many languages, for Sajous has scoured the medical records of many countries, to present to the profession a work of more than passing merit.

To prevent the work becoming in the least obsolete there will be issued a monthly supplement (The Monthly Cyclopedia), which will give a synopsis of the current journal literature—as these monthly supplements go along with the system—at the end of the time, the whole collection will make quite an extensive and useful reference system. We were sorry to see the Annual cease publication, but we feel that the Cyclopedia will more than fill its place, for it will be more judicial in its selections, more authoritative in its deductions, and still leave, by its separation of the accepted from the debatable, room for individual choice on the part of the reader.

So great has become the stress in these later times, that the average practitioner not only cannot cull from medical literature, but he wants the cullings boiled down, arranged and classified. This is just what Sajous and his collaborators have done. This new venture, we hope, will meet with the hearty support it deserves.

SEXUAL NEURASTHENIA [NERVOUS EXHAUSTION]. Its Hygiene, Causes, Symptoms and Treatment, with a chapter on Diet for the Nervous, by Geo. M. Beard, A.M., M.D., formerly Lecturer on Nervous Diseases in the University of the City of New York, etc. Edited with notes and additions by A. O. Rockwell, A.M., M.D., formerly Professor of Electro-Therapeutics in the N. Y. Post Graduate Medical School and Hospital, etc. Fifth edition, with formulas. New York: E. B. Treat & Company, 241-243 West Twenty-third street. 1898. $2.00.

The rapid exhaustion of the previous editions prove that this book is very popular. This is a volume of the Medical Classic series published by Treat, the price of which has been reduced from $2.75 to $2.00. The specially new feature of this edition is the so-called depolarizing method of treatment—a peculiar adaptation of electricity. Aside from several minor corrections, the same arrangement as in the former editions is adhered to. After the introduction the following are the titles of the chapters: I. Nature and varieties of neurasthenia. II. Evolution and relation of the sexual sense. III. Relation of neurasthenia to other diseases. IV. Sexual hygiene. V. Diagnosis and prognosis. VI. Illustrative cases. VII. Treatment of sexual neurasthenia. VIII. The diet of the nervous. IX. Sexual erethism.

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PAMPHLETS RECEIVED.

EXAMINATION OF THE URINE AS A MEANS OF DIAGNOSIS. By THEODORE W. SCHAEFER, M.D., Kansas City, Mo. From K. C. Med. Index, Nov., 1897.

ELECTRIC TREATMENT IN GOUT AND URIC ACID DIATHESIS. By ROBT. NEWMAN, M.D., New York. From the Medical Record, Dec. 11, 1897.

ADVANCED METHOD IN TEACHING THE DEAF. THE TEXAS SCREW-WORM AND ITS INVASION OF THE NASAL CAVITES. BILATERAL SYPHILITIC ULCERATION OF THE AURICLE. By M. A. GOLDSTEIN, M.D., St. Louis. From The Laryngoscope.

THE SUCCESSFUL TREATMENT OF PULMONARY TUBERCULOSIS BY THE HYPODERMIC INJECTION OF A COMPOUND SOLUTION OF IODINE. By CHAS. WILSON INGRAHAM, M.D., Binghamton, New York. From the N. Y. Med. Jour., Oct. 23, 1897.

DIFFICULTIES IN DETERMINING THE CAUSES OF COMA. By J. T. ESKRIDGE, M. D., Denver, Colorado. From Annual Report, Col. State Med. Soc.

THE ANTITOXIN TREATMENT OF TUBERCULOSIS. By CHAS. DENISON, A.M., M.D., Denver, Colorado. From Jour. A. M. A., Feb. 5, 1898.

A RELIABLE FOOD.

Imperial Granum has won the confidence of physicians because many years of clinical experience have proved it to be a form of nourishment that is acceptable to the palate and to the most delicate digestion at all periods of life.

It is successful, not only as an aliment for children, but its rare nutritive excellence in inanition due to mal-assimilation, chronic, gastric, and enteric diseases, has been incontestably proven; often in instances of consultation over patients whose digestive organs were reduced to such a low and sensitive condition that the Imperial Granum was the only nourishment the stomach would tolerate, when life seemed depending on its retention.

SANMETTO AN INVALUABLE ADDITION TO OUR MATERIA MEDICA.

I gives me pleasure to state that Sanmetto at my hands has proven all that its manufacturers claim for it. I consider it an invaluable addition to our materia medica.

SCHUYLER C. GRAVES, M.D.,
Grand Rapids, Mich.

Dean, and Professor of the Principles of Surgery and Clinical Surgery, and Clinical Professor of Abdominal Surgery in the Grand Rapids Medical College.

HINTS IN THE TREATMEMT OF SUBINVOLUTION.

Among the conditions concerned in the causation of uterine diseases subinvolution is one of the most frequent and important. The reason for this is obvious. If after child-birth or miscarriage the uterus does not undergo completely the normal retrograde process, if it remains enlarged, engorged with a hypertrophied mucous membrane, inflammatory changes are readily developed and endometritis displacements and serious pelvic disease may result. One of the chief obstacles to efficient local medication has been the lack of a topical remedy which could be safely entrusted to the patient. This want has now been fully supplied in Micajah's Medicated Uterine Wafers. These wafers are cleanly, unirritating, easily applied and their ingredients exert a depleting effect upon the engorged mucous membrane of the uterus, establishing normal circulation and thereby causing the absorption of exudates into the tissues, and aiding the natural process of involution.

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 *April, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
Deaths from all causes	158	18.40	98	60	30	10	74	44	144	5	9
Deaths under 5 years	45										
i. Specific infectious diseases	23	2.68	13	10	4	2	12	5	22		1
ii. Diseases of the digestive system	9	1.04	8	1	1		5	3	8		1
iii. Diseases of the respiratory system	36	4.19	27	9	6		9	21	31	1	4
iv. Diseases of the nervous system	28	3.26	18	10	5	4	14	5	27	1	
v. Diseases of the circulatory system, blood and ductless glands	15	1.78	5	10	2	1	11	1	13	2	
vi. Diseases of the genito-urinary organs	10	1.16	7	3			8	2	8	1	1
vii. Constitutional diseases	13	1.52	8	5	6	1	5	1	13		
viii. Intoxication, violence, accidents	11	1.31	9	2	3	2	5	1	9		2
ix. Miscellaneous diseases	13	1.52	3	10	3		5	5	13		
i. Septicæmia	4		2	2		2	1	1	4		
Pyæmia											
Diphtheria	3		2	1	2		1		3		
Erysipelas	1			1			1		1		
Typhoid fever	4		3	1			3	1	3		1
Malarial Fever											
Scarlet fever											
Measles											
Pertussis											
Cerebro-Spinal Meningitis											
Small Pox											
Tuberculosis	6		3	3	1		3	2	6		
Influenza	5		3	2	1		3	1	5		
Dysentery											
Syphilis											
Tetanus											
Carbuncle											
Anthrax											
ii. Diseases of the Œsophagus											
Gastritis	4		3	1			1	3	3		1
Gastro-Enteritis	1		1		1				1		
Cholera infantum											
Peritonitis	1		1				1		1		
Entero-Colitis											
Appendicitis	2		2				2		2		
Typhilitis											
Intestinal obstruction											
Diseases of the liver	1		1				1		1		
iii. Membranous Croup											
Bronchitis	2		1	1	2				2		
Pneumonitis	8		4	4	1		2	5	7	1	
Pleuritis											
Phthisis	26		22	4	3		7	16	22		4
iv. Diseases of the brain	27		18	9	5	4	13	5	26	1	
Diseases of the spinal cord											
Neuritis											
Eclampsia											
Epilepsy											
Neurasthenia	1			1			1		1		
v Diseases of the Heart	15		5	10	2	1	11	1	13	2	
Degeneration of the Arteries											
Aneurism											
Anaemia											
Diseases of the Ductless Glands											
vi. Uraemia											
Acute Bright's Disease	2		2				1	1	1		1
Chronic Bright's disease	4		3	1			3	1	4		
Nephritis	4		2	2			4		3	1	
Diseases of the Genito-Urinary Organs											
vii. Rheumatism											
Diabetes	2		2				2		2		
Inanition	6		3	3	6				6		
Senility and Asthenia	5		3	2		1	3	1	5		
viii. Alcoholism	1		1				1		1		
Opium Habit	1		1				1		1		
Violence and accidents	9		7	2	3	2	3	1	7		2
ix. Tumors—malignant	4			3			4		4		
Tumors—non-malignant	5		1	5	3			2	5		
Other diseases	4		2	2			1	3	4		

L. M. POWERS, M.D., Health Officer.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of April, 1898.*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	68	41	54	0
2	63	46	54	0
3	68	42	55	0
4	78	44	61	0
5	79	52	66	0
6	64	50	57	0
7	70	41	58	0
8	71	48	60	0
9	74	48	61	0
10	66	50	58	0
11	75	50	62	0
12	92	51	72	0
13	99	62	80	0
14	79	56	68	0
15	68	57	62	0
16	69	57	63	0
17	70	54	62	0
18	71	48	60	0
19	66	54	60	0
20	61	53	57	T
21	70	45	58	0
22	78	48	63	0
23	86	52	69	0
24	93	55	74	0
25	94	57	76	0
26	91	60	76	0
27	77	58	68	0
28	67	56	62	0
29	60	51	56	0
30	61	48	54	.03
31	..	..	..	....
Mean	74	51	63	....

SUMMARY

MONTHLY RANGE OF BAROMETER:

Mean Atmospheric Pressure, 29.96.
Highest pressure, 30.18, date 3.
Lowest pressure, 29.69 date 28.
Mean Temperature, 63°.
Highest temperature 99°, date 13.
Lowest temperature 41°, date 1.
Greatest daily range of temperature 41°, date 12.
Least daily range of temperature 8°, date 20.

MEAN TEMPERATURE FOR THIS MONTH IN

1878		1885	63°	1892		59°
1879	60°	1886	59°	1893		58°
1880	57°	1887	60°	1894		59°
1881	63°	1888	63°	1895		59°
1882	58°	1889	62°	1896		56°
1883	58°	1890	59°	1897		63°
1884	59°	1891	59°	1898		61°

Mean temperature for this month for 20 years, 60°
Average excess of daily mean temp. during month 4°
Accumulated excess of daily mean temp. since Jan. 1, 81°
Average daily excess since January 1, 1°.
Prevailing direction of wind, W.
Total movement of wind, 3401 miles.
Maximum velocity of wind, direction, and date, 20m, W., 2.
Total Precipitation, .03 inches.
Number of days with .01 inch or more of precipitation, 1.
Mean Dew Point, 47°
Mean Relative Humidity, 68 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881	.46	1887	2.30	1893		.19
1882	1.83	1888	.11	1894		.13
1883	.15	1889	.27	1895		.46
1884	3.54	1890	.22	1896		.19
1885	2.00	1891	1.25	1897		.02
1886	3.29	1892	.22	1898		.03

Average precip'n for this month for 20 years, 1.36.
Total deficiency in precipitation during month, 1.33 inches.
Total precipitation from Sept. 1897, to date, 5.31 inches.
Average precipitation from Sept. 1 to date, 16.72 inches.
Total deficiency from Sept. 1, 1897, to date, 11.41 inches.
Average precipitation for 7 wet seasons, 25.97 inches.
Number of clear days 15, partly cloudy days 12, cloudy days 3.
Dates of frost, 1.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., APRIL, 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cld'y	WIND Direction	Total Mov't
Los Angeles	63.	99.	41.	29.96	68.	1	.03	15	12	3	W	3,401
San Diego	59.	86.	45.	29.97	77.	4	.22	18	3	9	NW	4,544
Santa Barbara	60.2	95.	40.	....	72.	0	.0	20	4	6	W	3,074
Yuma	73 5	107.	44.	.....	.....	1	.01	19	10	1	.....	.....
Riverside	64.1	104.	36.	.....	.....	....	.18	18	4	8	W	.....
N. Ontario	59.6	95.	33.	.....	.....	....	.50	25	4	1	.....	.....
San Bernardino	63.9	102.	32.	.....	.....	....	.48	19	8	3	W	.....
Pasadena	72.6	104.	52	.....	.....	....	.14	18	0	12	W	.....
Redlands	67 2	100.	44.	.....	.....	....	.18	20	0	10	W	.....
Santa Ana	58.1	99	40.	.....	.....	....	.00	15	0	15	SE	.....

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter. U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane, Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal

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OUR ADVERTISERS.

"One evening I was called to attend a gentleman, a member of my own family, who had just returned from a trip during which he had contracted a well-developed case of catarrhal fever as the result of a severe cold. His pulse was 120°, temperature 102 2-10°, skin hot and dry, pain all over the body, and a splitting headache; all the mucous tissues were inflamed, involving the nasal tract, throat and bronchial tubes; the eyes were watery, the nose was running, throat sore, in fact his whole system was thoroughly congested.

"It was very important that he should be able to travel within a day or two. I ordered him to take a hot foot bath, then drink a hot lemonade and go to bed. I left him with six Tongaline and Quinine Tablets with instructions to take one every half hour, washing it down with plenty of hot water.

"I saw him about 7 o'clock the next morning and received the following report: About one hour after going to bed he commenced perspiring freely and began to experience a feeling of drowsiness, so that before he had taken all of the Tongaline and Quinine Tablets he fell into a refreshing sleep, from which he did not awake until 5 o'clock. I found his pulse was normal, temperature 99°, skin moist, the pain entirely gone, and all the unfavorable symptoms decidedly improved; in fact the trouble was thoroughly under control. I prescribed a mild cathartic and by the following day he was able to go on his way rejoicing.

"Since then I have frequently given Tongaline and Quinine Tablets in similar conditions with marked success in each instance."

FRANK A. BARBER, M.D., Chicago.

PRACTICE VS. THEORY.

Fanciful theories (a la hammer and board test) cannot exist in opposition to years of practical application of William R. Warner & Co.'s standard pill formulæ, years which have demonstrated the rapid disintegrating properties and consequent therapeutic value of Warner's soluble pills. Millions of William R. Warner & Co.'s pills have been used by practitioners throughout the world, and the immense number of professional indorsements we have attest their solubility and potecny.

Commenting on the "hammer and board test," the *Monthly Retrospect of Medicine and Pharmacy* sums up the whole matter in a few words:

"Is it possible that physicians have prescribed an 'insoluble and inert' class of preparations throughout their career? If so, the question naturally presents itself: To what can be traced the excellent results following the administration of mass pill in numberless instances? If the ingredients of these mass pills did not oppose and correct a diseased condition, what did?

"Any remedial agency which has 'deteriorated with age' and is 'insoluble' would have no effect when taken. Therefore, if the desired results are obtained, and the patient has been cured, that is *prima facie* evidence that the said remedy has not 'deteriorated' and that it is entirely soluble."

Physicians relying on an experience of over forty years with "Warner's Soluble Pills," with satisfactory results, will continue to prescribe the pill which disintegrates in twenty minutes (Warner's Pil. Cathartic Compound), in preference to the one that disintegrates in one hour and five minutes (Friable Pil. Cathartic Compound), even though the former will "dent a board" and the latter will not.

Warner's Pills are soluble, potent, permanent and reliable, because they are prepared from pure drugs, in a scientific manner. The coating (sugar or gelatin) her-

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metically seals and protects the contents indefinitely and upon ingestion of the pills, the coating dissolves in a few minutes, thus liberating its ingredients in a condition favoring rapid assimilation.

EDW. L. H. BARRY, JR., M.D., Jerseyville, Ill., says: I have used Aletris Cordial with excellent results in the following: Miss R., 19 years of age, brunette, well-developed, but troubled with dysmenorrhea, called at my office, and after explaining her affliction said, "Doctor, if there is anything you can prescribe to relieve my suffering, do so, for life is a burden to me now." I thought of the Aletris Cordial at once, and gave her a six-ounce bottle, directing her to take a teaspoonful three times a day, commencing four or five days before the regular period. Several weeks afterward she returned with the empty bottle, remarking, "I've come back for more of that medicine, for its the only thing I ever had to give me relief." I can cheerfully recommend Aletris Cordial to the profession.

BLENNOSTASINE IN THE TREATMENT OF CORYZA.

In most cases we can cure a coryza with this agent in fourteen hours. But it is necessary that the patient remain in doors, and on going to bed he should have a good bath. The warm foot-bath, plus the employment of Blennostasine, is attended with the best results. The patient will go as long as twenty-four hours with a coryza in this treatment. Concerning this treatment we should say that the remedy here advised has no property which deranges the secretions, add its action is not attended by any results which are in the least disagreeable. It is best to administer this remedy in doses of five grains in capsules every two hours when we are using to abort, or rather to speedily cure coryza.—*Editorial in New Albany Medical Herald.*

THE PROPER TREATMENT OF HEADACHES.

J. Stewart Norwell, M.B., C.M., B.Sc., House Surgeon in Royal Infirmary, Edinburg, Scotland, in an original article written especially for *Medical Reprints*, London, Eng., reports a number of cases of headache successfully treated, and terminates his article in the following language:

"One could multiply similar cases, but these will suffice to illustrate the effects of antikamnia in the treatment of various headaches, and to warrant the following conclusions I have reached with regard to its use, viz.:

(*a*) It is a specific for almost every kind of headache.
(*b*) It acts with wonderful rapidity.
(*c*) The dose is small.
(*d*) The dangerous after-effects so commonly attendant on the use of many other analgesics are entirely absent.
(*e*) It can therefor be safely put into the hands of patients for use without personal supervision.
(*f*) It can be very easily taken, being practically tasteless."

THE reason why Hagee's Cordial gives results is that it contains all the active constituents of Cod Liver Oil, derived from the liver of the cod. It also contains Hypophosphites of Lime and Soda, that prevent waste of tissue and promote constructive tissue metamorphosis.

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SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

CONGENITAL DISLOCATIONS OF THE HIP JOINT.*

BY JOSEPH KURTZ, M. D., LOS ANGELES, CAL.

Congenital dislocations in general are comparatively rare, and among them the dislocations of the hip joint rank highest in number, probably 90 per cent. Perhaps it is due to this scarcity of material that but little attention is paid to this deformity in our works on surgery. The results of treatment have also been so discouraging until recently, that even orthopedists have preferred not to waste much time about them. Cases which are amenable to treatment are those of childhood only, those which are observed by the general practitioner, whose advice is usually to wait until the child is grown up, and then there is no more chance of improvement. Although cases of congenital dislocations of the hip are very rare, no doubt many of you have seen them and may see more, and I hope I may succeed in impressing upon you the importance of an early operation, and by that benefit those unfortunates who in adult life not only suffer from unsightly and uncomfortable locomotion, but who also, if they should be unwise enough to marry, run the danger which any woman runs with a deformed pelvis, as the female sex is about seven times more afflicted with this disease than the male.

This defect may be in one or both hips, the unilateral deformity being slightly in the majority.

Etiology: Many theories have been brought out as to the cause of this luxation, but most all of those have been abandoned.

1. Traumatism in utero.

2. Pathological condition of the fetal joints, resulting in softening and relaxation of the capsules.

*Prepared for the Twenty-eighth Annual Meeting of the C lifornia State Medical Society held in Fresno, April 19-22, 1898.

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3. Position in extreme adduction of the legs in connection with a diseased or weakened joint.

4. Muscle retraction, the result of disease of the central nervous system.

5. Fetal muscular paralysis resulting in relaxation of the capsule.

All these theories are now practically abandoned, and the one recently advanced by V. Ammon is generally accepted, namely:

6. Arrest of development of the various parts of the joint at an early period of fetal life. The acetabulum does not develop into the proper round shape, nor into a regular deep cavity, but remains disc-like or shallow, while the head of the femur not only continues to grow, but often is abnormally large and therefore too large to remain in this diminutive acetabulum. This theory of the arrest of development is supported by the fact that congenital hip luxations are frequently accompanied by other deformities. Grawitz found seven cases with other defects, such as ectopy of liver and bowels, club feet, club hands, spina bifida and scoliosis.

The frequent occurrence of the bilateral luxation and also sometimes accompanying other congenital dislocations assist in supporting Ammon's theory. Many hereditary cases have been reported which again speak in favor of his theory.

Pathological Anatomy: Opportunities for examinations of cases in the early stages are very rare, and only recently have such cases been closer observed, coming under operative treatment. The great majority of congenital hip luxations are those backwards and upwards or iliac dislocations, much rarer are those under the ant. sup. spine of the ilium, and but very few cases have been known to be dislocated upon the pubis or in the obturator foramen.

The abnormal features comprise all the structures of the joint, and vary according to the age of the subject, but very little are they observed in the new born child, extending in size and deformity with age. The acetabulum always exists in its normal place, but in a more or less deformed condition; even at birth, it is narrow, elongated, much shallower than normal, and often filled with fat and connective tissue. The changes in the head of the femur at birth are but little. In some cases it is thick and round, in others atrophied, long or cone-shaped, without any proper constriction of the neck. In any case, however, it is always too big to fit the existing cavity. The ligamentum teres is occasionally wanting, it is usually a flat band of 8 to 12 m.m. length.

The capsule and pelvis, are, at such early stage, generally normal, while the muscles about the joint may be poorly developed, and shorter than normal. From the time that the child begins to walk up to adult age the changes become more and more marked. The acetabulum does not grow in proportion as do the other structures, it remains small and is usually of a triangular shape, becoming gradually more shallow. The weight of the body exerts its influence upon the head of the femur which leaves its place and moves upon the ilium, it flattens from contact with its new place, and in adults it is often roughened and seriously deformed, being in close contact with the shaft without any neck. The capsule thickens and enlarges so that the head can easily move about in it, sometimes it is hour-glass-shaped. The ligamentum teres suffers in changes relatively more than the capsular apparatus. Hoffa, of Wuerzburg, in his latest work on orthopedic surgery, reports 75 cases of operations in which he found the ligamentum teres wanting in 20, and when present it was usually strongly developed, and much elongated, in a child of 1½ years 3.5 c.m. long and 4 m.m. thick; in unilateral cases it is rarely wanting.

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The pelvis in the unilateral cases changes into an asymmetry, in the bilateral ones it becomes contracted above and expanded below, the iliac bones straightening out vertically. The muscles about the joint shorten materially. A new joint has been reported by some authors, but Hoffa has not observed any real nearthrosis in his 75 cases.

Symptoms: Differ in those of the unilateral from those of the bilateral cases. The first and most prominent symptoms in unilateral cases are limping and shortening of the affected leg, which may amount to as much as six or seven c.m. The prominence caused by the head of the femur may be felt and seen in its new position, the trochanter being above the Roser-Nelaton line. The mobility of the limb is undisturbed or may even be a little exaggerated, the head of the femur may be moved up and down by the hands of the examiner; during walking this movement may also be observed. The pelvis is flexed and tilted towards the diseased side, causing lordosis and scoliosis of the spine. The whole thigh and gluteal region are generally atrophied.

The bilateral deformity presents symptoms to the experienced practitioner which exclude an error in the diagnosis almost at a glance. The short legs with a large body in lordosis and the characteristic goose-like waddling gait cannot fail to direct the attention of the physician to the deformity in question. The gait may well be compared to the motion of a child on a bicycle which is too high for him to sit on, so that the child bears its whole weight on the pedals. Frequently the thighs are flexed and adducted so as to make locomotion difficult.

Diagnosis: The history of the case with the symptoms described will make the diagnosis in older children or adults easy. But in young children, many mistakes have been made and a careful examination may be required to make a correct diagnosis, as rachitis, traumatic or paralytic luxations bring about results which resemble the defect in question. A child with a rachitic lordosis has a similar waddling gate, but the head of the femur will be found in the normal acetabulum and the trochanter will not be found beyond the Roser-Nelaton line, nor will the heads be movable. In traumatic luxations we certainly have a history of injury received, either at the time of birth or subsequent to it, and rather a preternatural immobility than mobility. A paralytic dislocation of the hip resembles the congenital condition a good deal; the head is preternaturally mobile and in the bilateral disease lordosis is as well pronounced, but those luxated heads may be easily reduced into the normal acetabulum by simple traction, which is impossible in the disease under consideration. Besides, the paralytic joint is always accompanied by the results of the paralysis on the development of the whole leg. It is hardly possible that any surgeon would diagnose congenital hip luxation as tuberculous hip disease, although some authors mention such a possibility. The history, the absence of symptoms of rigidity of muscles, of inflammation, pain, the night cry, etc., must exclude hip disease at once.

The *Prognosis* is generally very unfavorable; the deformity with its tiresome walk has never been successfully corrected yet in the older child or adult. Children up to the age of 10, however, have been operated with gratifying results. Hoffa, of Wuerzburg, reports 75 such operations, which relieved the gait and lordosis almost perfectly. If left alone, or simply treated with orthopedic appliances, these cases generally become more aggravated with age, as the weight of the body in standing and walking will force the head of the femur higher and higher, walking gets to be more difficult, and in later periods not only tiresome but sometimes even painful.

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Treatment: The treatment generally resorted to is the mechanical or that by extension and apparatus, which, however, is not only exceedingly tedious but it never does correct perfectly or anatomically the deformity, and at best it may be considered applicable only in the unilateral luxation. Reposition without division of the muscles could only succeed in very young children who, however, bear extension with plaster strips very poorly. In advanced cases the shortened muscles make it impossible to bring the head upon the acetabulum, and if such were possible this cavity would be too small to receive the head, consequently no fixation could take place. A new joint could not form before many years on account of the intervention of the capsule and the elongated ligamentum teres. More or less successful cases from continuous extension have been reported by Pravaz, Guerin, Adams, Bradford, Post, Paci and Volkmann, but it took them from 2 to 15 years to accomplish their object which in most cases were still imperfect.

Traction by weight and pulley, forcible reduction under anesthesia and application of plaster of Paris corset, pelvic band with extending steel splints, suspension apparatus, corsets with crutches under the axillæ and compresses upon the trochanters, and many other devices are used for the same purpose, and every surgeon using a special apparatus claims infallibility for it. I must confess that the few cases which came under my observation were but little benefited by such treatment, and I doubt whether the beneficial results of others were lasting. Volkmann's cases were treated no less than 5 years and some as long as 15; now I ask you where is the American patient or parent who would subject herself or allow her child to be subjected to such treatment by any one man for such a long period. After a year or two they expect a permanent cure or go to somebody else. But not only the patient or parent, even the surgeon gets tired of such treatment and it was therefore quite natural that the mechanical treatment was abandoned by many surgeons for a more surgical or anatomical operative treatment. Guerin, Bouvier, Brodhurst, Barwell and Pravaz, performed subcutaneous tenotomies and reported better results than by treatment with apparatuses. Hueter recommended resection of the head of the femur and periosteal flap from femur and ilium to fix the femur to the ilium. Koenig performed this operation and included bony substance into his flap. Resections of the head without the plastic addition, have been performed many times, but most of them with unsatisfactory results; the unilateral cases were benefited but not perfect, the bilateral ones either very little or not all, the mobility of the femur upon the ilium in many cases persisted and the lordosis was not relieved in any case. Hoffa devised an operation which I think is the ideal operation to be adopted by every surgeon for the correction of congenital hip luxations. His method consists in the re-establishment of the acetabulum into which he reposits and fixes the head of the femur. It was my object in selecting my subject to bring this operation before you, and I hope you may pardon me if I give you a correct synopsis of his description from his latest work. It must be remembered that in the advanced cases the muscles are shortened so that no effort save of division of those muscles will be successful in bringing the head upon the acetabulum. Therefore the first step in the operation must be the division of these muscles. The patient is placed under an anesthetic, the knee well extended, the hip flexed, so that the muscles arising from the tuber ischii become quite tense, and are then subcutaneously divided near their origin. After their complete division the leg should be well abducted to bring out prominently the adductor muscles, which are also subcutaneously divided. The patient is now brought to the edge of the table, the hip hyperextended in order to make the muscles coming from

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the ant. sup. spine of the ilium and the fascia lata very tense, these are cut in open wound on account of the control of the bleeding. If all the parts which are contractured are well divided, it is easy now to bring the head of the femur into its proper place, should this be impossible, fibres have been left uncut and must be looked for, and yet divided so that no more impediment to the reduction exists. The wound should now be temporarily dressed. After this by a Langenbeck's straight incision the joint is opened, the capsule sufficiently dissected off, the ligamentum teres extirpated so that the head may be freely luxated.

The next step consists in the widening and the deepening of the acetabulum; this is done with a strong, sharp Volkmann's scoop, made bayonette shaped, with which fatty tissue, cartilage and a good deal of spongy bone substance is scraped out and washed out, great care must be taken not to remove the edges of the existing acetabulum which really should be made very prominent by this operation. It is best to begin at the posterior edge, from which the cartilage must be removed. The finger is our guide to know whether the cavity is sufficiently wide and deep enough for the reception of the head. After completion of the acetabulum the head can be reposited, which may occur with an audible snap. We may find that the head has an inclination to leave the cavity anteriorly, which may necessitate an inward rotation and retention in this position for several weeks. After reduction the superficial parts of the capsule should be extirpated, a proper dressing applied and the leg fixed in an extension-apparatus; for very young children Phelps' "Stehbett" is to be preferred. In the bilateral division both hips may be operated in one session. After a rest of four to six weeks in bed the patients are allowed to be up wearing an apparatus, which fixes the head of the femur for about a year or more according to the patient's condition of health. For the bilateral cases Hoffa applies a peculiar corset constructed by himself called "Stuetz-corsets," for the unilateral cases a fixation hip splint. After the third week the patient must be treated daily with massage, passive and active motions, and this treatment may have to be continued for many months, sometimes for a whole year.

The results of this treatment are very gratifying; in the bilateral cases the waddling gait and lordosis will be almost completely relieved; in unilateral cases the shortening of the leg which, unfortunately, has not developed like the healthy one, will required a raised shoe in order to correct the static scoliosis. The older the child the greater the difference in the size of the legs. Children should be operated as soon as the deformity is known, which is usually observed as soon as the child begins to walk. The younger the child the easier the operation and the better its effect. In children beyond 10 years the operation described cannot be successfully performed, and another one must be resorted to in which the head of the femur is resected and a new joint formed upon the dorsum ilii. The after treatment of this operation is the same as that described above and the results are also gratifying, although a good deal of shortening of the leg or legs is unavoidable.

147 S. Main St.

A PRELIMINARY REPORT ON THE TREATMENT OF CONGENITAL DISLOCATION OF THE HIP BY MANIPULATIVE AND OPERATIVE METHODS.

BY HARRY M. SHERMAN, M.D. SAN FRANCISCO, CAL.

Dr. Sherman described the deformity as of intra-uterine origin. with malformation and malposition of bones, and correlative changes in the soft parts. He

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described briefly the *technique* of the operation known as the Lorenz operation, calling especial attention to the method of finding the acetabulum, namely: To slit the capsule and pass the finger in the opening and along the elongated capsular opening to the acetabulum, and also emphasized the point made by Lorenz, that the hollowed out acetabulum must be made large. He reported nine operations with one post-operation death from pneumonia, one case that suppurated and anchylosis resulted, one case where both hips re-luxated, four operations on three patients where the reposition was maintained with most excellent functional results in two operations, and unhappy limitation of motion in two and one case not yet entirely healed.

He detailed also the manipulations necessary for the reposition of the bone without incision. The method is based on the knowledge of the adherence of the capsule to the acetabular rim except for a narrow slit at the upper part, and the shortening of the pelvi-femoral muscles, especially the adductors. The method consists in stretching the short tissues, either by preliminary traction in bed, or by forcible traction at the time of the operation. These manipulations should stretch the adductors and enlarge the opening into the acetabulum. Then the head is brought down to the level of the acetabulum by motions of flexion and adduction and appropriate traction, and finally, the putting of the limb in the position of abduction to a right angle with the trunk. In some of these manipulations, or by direct pressure, the head will be felt to slip over the rim of the acetabulum and into its cavity. When this is accomplished the limb is put up, in the position of right angle abduction, in a plaster of Paris spica. After a month here the position is gradually altered, as the plaster of Paris splints are changed, until the limb can be used, though some abduction is maintained. The restraint of a splint is continued for six months.

He reported 10 hips in eight children, submitted to this method. Reposition was accomplished in nine hips. In one of these the position was at once abandoned, as the joint was manifestly too unstable ever to be of use. Of the others, but two had passed the full six months of restraint. One of these had relapsed, but the other was in the acetabulum still. The condition of the others was not definitely known, nor would be until the splints were taken off.

THE EVOLUTIONARY ASPECT OF HYGIENE AND DISEASE.*

BY FRANK GORDON, M.D., LOS ANGELES, CAL.

It is necessary occasionally to leave the everyday deductive methods of case-study and as pupils revert to the fundamentals. Whatever the doctor may think best to say to his patient, he himself should know whereon he stands.

Man was formerly thought to be the result of one creative act and placed by his creator in a fixed environment with malice aforethought. The institutions of civilization were unquestioningly accepted as foisted upon us by an infallible providence, and he who would champion an innovation, in either thought or life, was at once adjudged a malefactor. Of late, however, we have come to regard man as the product of a myriad of creative acts, and like all forms of animate life as but a stepping stone to a type better able to conform to its environment. This concept leads us to approach every subject in an inquiring attitude, and as it were, to send out feelers to ascertain, if possible, the next step in advance.

Disease has been defined as nonconformity to environment. The question then is when sick or unhappy: Wherein am I out of harmony with my environment?

*Read before the Los Angeles County Medical Association, April 1, 1898.

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Secondly, can I conform myself to my environment or conform my environment to me? The effort of doctors has always been, without changing a patient's habits, to so modify his environment as to avoid a schism, *id est*, for a certain consideration to interpose medicine as a mediator between the patient and outraged nature. This in no case has he been able to accomplish; he can only assist nature in attaining her aims in her way and add to the patient's comfort. It is equivalent to the sale of indulgences by the priesthood (from which the medical profession sprang), or the doctrine of mediation in theology, which can only cause increased disregard for implacable natural law. Of course, the foregoing remarks do not apply to microbic diseases. The pathogenic microbe is simply a microscopic beast of prey, and since we may not reach him with a Winchester, he must be either expelled, starved or poisoned. I ought (?) also to make exception of some of the late products of the medical merchant which save the doctor the trouble of diagnosis, being equally applicable to all derangements of the system. Take a case in point.

"Dr. Questionmark, I have a pain in my stomach and feel dull and sleepy after eating."

"Very well, I have something here that will cure you. Take a teaspoonful of my Allo-Calo-Cascarine after each meal."

"But, Dr. Blank gave me that and I have to take more of it all the time and it gives me the colic."

"Ah, I have here a perfectly new remedy, dug by a North American Indian in the obscure light of the moon and I am sure it ought to help an obscure case like yours."

What have we here, probably? This patient has a maximum assimilative capacity he has overstepped, and has fermentative dyspepsia with ptomainic absorption. To relieve him we must either increase his assimilative capacity by conservation of nervous energy or limit his diet. Laxatives, which in non-microbic troubles are purely symptomatic, simply shift the stress from the assimilative system to the muscular apparatus of the digestive tube.

The rapid evolution of man's mind, while of paramount advantage as enabling him to "subdue and have dominion," has been temporarily of almost tantamount disadvantage as enabling him to invent ways of gratifying his appetites, making him the most immoral and apparently the most unhappy of animals. It is, therefore, needful that we should go back to the beginning of human life that we may discover and "regain the blissful seat" from which not only mythology but reason says we have fallen.

Evolution in its relation to health might be considered under three heads: Physical, Industrial, Social.

Under physical evolution, might be treated the changes in form, size, position and use of the different portions of the body, comparing them with those of primitive man and related animals. The appendix vermiformis, for instance, of what organ is it the counterpart? What its history? What its future? What habits of living are conducive to its inflammation? And what remedies from this standpoint would be most likely to relieve the condition? Here might also be studied the tonsils, their origin, function and diseases. The erect position and its effect upon hernia, hemorrhoids, varicocele, varicose veins and prolapses of the different viscera.

Industrial evolution would comprise the subjects of clothing, occupations, dwellings and the production and preparation of food stuffs. With food there has been rapid evolution in variety, concentration, palatability and method of serving

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which tempts people to eat more than is needed for nourishment, and more than the digestive organs can care for, besides beverages and drugs which cannot be classed as foods.

Consider the eye which has come to us through ages of evolution wherein it was used for long distances and coarse purposes almost exclusively. The rapid development of the art of printing has brought newspapers, magazines and books within the reach of all, so whether old or young, in school or out, we spend hours each day poring over the printed page, to say nothing of needle work, and yet people are heard every day to wonder why the use of lenses is so prevalent, and why the eye is not as good as it used to be. Clothing differs from hair as a body covering in that it absorbs moisture under exercise to be evaporated when at rest, and in being loose at neck, wrist and ankles. Bed clothing while keeping one part of the body preternaturally warm is liable to hang away from another portion admitting cold and draught. Permit me to ask if this is not a factor in the production of internal congestions and catarrh? My own experience says—yes. In this connection let me quote from Lafcadio Hearne, a very intelligent lay writer upon Japanese life: "Nature has given the Japanese perfect feet that can spring him over 50 miles a day without pain, a stomach whose chemistry can extract ample nourishment from food upon which no European could live, and a constitution which scorns heat, cold and damp alike, becaused still unimpaired by unhealthy clothing, by superfluous comforts, by the habit of seeking warmth from grates and stoves and by the habit of wearing leather shoes. It seems to me," he says, "that the character of our foot gear signifies more than is commonly supposed. It has distorted the western foot out of its original shape and rendered it incapable of the work for which it was evolved. Whatever acts as a check directly or indirectly upon the organs of locomotion, must extend its effect to the whole constitution."

I can but touch on these various points which would require many volumes to handle exhaustively, and will pass on to the consideration of one phase of the social system: Consider the marriage custom. Here we find the same violation of the laws of animal life. A young man and woman, after 20 years more or less of continence, marry. In their home is one room which they reserve for their own. In this room is one bed which they are to occupy. The young man considers himself at last as free from restraint as the famous McKlosky, who emigrated from Boston to Salt Lake City. Here they summer and winter together. Sickly, psychopathic children are born. Perineum and cervix are ruptured during painful and protracted labors, followed by subinvolution, congestion and inflammation, but the vagina is still left and the prostate, however much overdeveloped is well out of the way and so the work goes on and doctors multiply.

I will now present you a somewhat different picture from the pen of Dr. Livingston, in Central Africa: "The women adjacent to Mozambique partake a little of the wild animals' nature, for like most of the inferior races of animals, they refuse all intercourse with their husbands when enciente, and they continue this for about three years afterward or until the child is weaned, which usually happens about the third year. I was told on most respectable authority that many fine young native men marry one wife and live with her until this period; nothing will then induce her to cohabit with him, and as the separation is to continue for three years, the man is almost obliged to take up with another wife. The same practice prevails upon the west coast, and there it is said that men acquiesce from ideas of purity."

I do not commend either picture as wholly good or condemn it as wholly bad.

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There must be an intermediate course which is more in accord with the nature of both sexes. The practice, as it exists under civilization, acts both mechanically and reflexly to disturb the system.

The foregoing thoughts are intended as a plea for greater naturalness of living. Changes in the human frame since the infancy of the race have been comparatively slight. The function of the different organs of the human body differ but slightly from the function of the same organs in the lower animals. He who would force an organ to a function, for which it was not constructed, defies the gods. Man is a divine brute.

Potomac Block.

A CASE OF BLOOD POISONING.*

BY J. J. STILL, M. D., LOS ANGELES, CAL.

On February 6, 1898, I was requested to see Mr. A. F. S., 51 years of age, and by occupation a housemover and contractor. He had sustained a very trivial injury to the left thumb which was swollen, painful and accompanied by symptoms of constitutional disturbance, such as headache, anorexia and increase of temperature. An incision through the periosteum had already been properly made, providing antiseptic precautions had not been neglected. Treatment by free incision in this manner is nearly always followed by the desired results, if employed before the formation of pus and destruction of the deeper tissues involved in inflammatory processes. It was the patient's opinion that a small fragment of red-wood or rope had found its way beneath the nail, and that this had caused the sudden severe pain and inflammation with increase of temperature. A careful search for any such fragment failed to discover it. The bone was carefully curetted and freely irrigated with a three per cent. solution of lysol. At this time all the joints of the hand and wrist were swollen and painful, with evidences of cellulitis extending up the forearm. In fact no improvement followed the plan of treatment above indicated. On the other hand there was increased temperature together with restlessness, loss of appetite, slight icterus and atrocious pains in the thumb, with cerebral symptoms of a maniacal type. Large doses of morphia and hydrobromate of hyoscine controlled the pain and mental excitement. About this time the tumefaction had advanced as far as the shoulder joint. At the suggestion of Dr. Kruell, who was called in consultation at this time, antiseptic poultices were applied to the whole length of the arm, and after they had served their purpose, it being evident that there were large quantities of pus within the cellular tissues of the arm, free incisions were made and a few long sterilized rubber drainage tubes were inserted, and through these during several days a large quantity of sanious pus was discharged. At one time the debilitated condition of the patient and the remarkably hopeless appearance of the arm pointed very strongly to the necessity for amputation at the shoulder joint. This radical procedure was earnestly desired both by the patient and his friends. But it was thought best to delay this matter for 24 hours and await whatever changes, if any, might occur. At the end of this time there were indications of improvement both locally and constitutionally, as indicated by fall of temperature and improvement in the local conditions of the affected arm. Under the influence of good nutritious food, such as eggs and milk, quinine and strychnia, with stimulation when required, the patient's general condition was decidedly improved, and at the termination of a few days it was evident that nothing more than the amputation of the thumb would be required. As the joint

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was divested of its cartilage and there were present evidences of necrosed bone, I concluded to remove the thumb above the first phalangeal articulation; and this was done with as careful regard to antiseptic measures as though it had been a major operation. Rapid union without suppuration occurred within a few days, and at the same time the general swelling and pain of the arm and forearm had disappeared. The patient has now recovered with the exception of some rigidity of the wrist, elbow and phalangeal articulations, but this should yield to massage and manipulation, patiently and systematically applied. This case has been detailed, not on account of its rarity, but because similar cases are of considerable frequency; and the fact naturally leads us to the question of treatment and prevention of these unfortunate effects, so disproportionate to the trivial causes which produce them. In this connection it is important to emphasize the necessity of careful attention to this grade of minor injuries; for nothing of this kind is too trivial for the careful consideration of the conscientious practitioner. Fortunately, the greater proportion of such injuries are repaired by the unaided efforts of nature; but this fact is no excuse for negligence in the matter of careful antiseptic treatment which should be conducted upon lines like the following: The patient presenting himself should have the seat of injury and vicinity carefully scrubbed with green soap and hot sterile water. This should occupy a period of ten minutes or more. The surgeon's hands and instruments should previously be disinfected. A careful search for foreign bodies should be instituted, and if found they should be removed. Ether and alcohol may now be used, followed by a strong sublimate solution (1-500 or 1-1000) or Lysol (three per cent. solution) or Peroxide of Hydrogen. After these procedures the wound may be dressed with a solution of iodoform in collodion (1 drachm to 1 oz.) or, a voluminous dressing of sterilized gauze may be employed as suggested by the judgment of the practitioner or the circumstances of the case. The dressing should be kept perfectly dry and left undisturbed for a few days, unless conditions arise to justify interference. In the matter of punctured wounds occurring to physicians and nurses suction should be employed, followed by large quantities of hot sterile water, and as soon as possible a tablet of sublimate rubbed into the wound, after which it may be covered in with iodoform collodion and kept dry. In the majority of cases coming under this classification the results will be all that could be desired.

It is a matter of observation that many patients taking on this form of inflammation are from various causes more or less, debilitated, and for that reason a tonic course of treatment during the period of diseased action should not be neglected. Physicians and nurses who are especially exposed to wound infection should guard against abrasions and punctures as far as possible during the treatment of disease, and when operating upon all classes of patients as well as when conducting postmortem examinations.

The general subject of wounds and their treatment will be omitted from consideration in this report as it is fully discussed in the various text-books upon surgery.

I will conclude by asserting my confidence in the antiseptic properties of the blood serum; and for this reason, in wounds which do not bleed freely I would recommend the employment of incisions and the use of large quantities of hot sterile water.

Lankershim Block.

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ON THE PREVENTION OF PYEMIC COMPLICATIONS FROM ACUTE OTITIS MEDIA.*

BY B. F. CHURCH, M. D., LOS ANGELES, CAL.

The object of this paper is to call attention to the gravity of middle ear inflammation with its possible attending complications and also, to point out some of the sins of commission which, in the writer's opinion, are for the most part, responsible for the direful results too often witnessed in this affection.

In the management of these cases it is our desire first, to prevent pyemic extension to the meninges, lateral sinus, labyrinth or mastoid cells. Secondly, to obviate the very frequent and extremely dangerous condition to hearing and life, chronic suppurative otitis media.

When we consider the anatomy of the parts surrounding the tympanum, separated as it is from the labyrinth by a band of connective tissue, the brain, internal carotid and jugular vein by thin plates of bone, and from the meninges and lateral sinus, in another direction, by diploeic tissue, we marvel at the possibility of that cavity being filled with deadly micro-organisms and yet the life of the individual be preserved. Statistics, it is true, show a small number of deaths to the whole number of middle ear diseases, at the same time we should not underestimate the seriousness of the complicated cases or lose sight of those that insidiously extend to vital parts.

In reviewing the literature of suppurating diseases of the brain and its membranes, the fact is apparent that a very large majority of these cases come from either an acute or chronic suppuration of the middle ear, in fact, if trauma and tuberculosis are eliminated as a cause of abscess of the brain, we would seldom err to lay all of them at the door of middle ear disease. The importance then of preventing the disease from extending while in the acute form and to guard against its reaching a chronic state of suppuration is very apparent.

It is highly probable that in every case of acute otitis media the mastoid antrum is involved to some degree in the same inflammatory process, but as Burnett says "It, like the acute inflammation in the tympanic cavity will get well if not secondarily infected from without by improper treatment. Hence, the prevention of mastoid disease, in cases of acute otitis media, resolves itself into the prevention of secondary infection of the actually inflamed middle ear." By the closure of the eustachian tube during the congestive stage, nature offers a frail barrier to the entrance of air with its abounding micro-organisms to the inflamed and lymph bathed surface of the drum cavity. Admitting that this condition affords a proper nidus and pabulum for the growth and development of the micro-organisms of the air, they are the lesser evil as compared to the streptococci that abundantly abound in the naso-pharynx, and which are so effectually deposited in the tympanic cavity by the meddlesome practice of inflation, either by Valsalva's or Politzer's method. The trauma produced by the forcible entrance of air against the inflamed and sensitive drum membrane must also be born in mind as a result of such procedures. In those fortunate cases that escape infection from the naso-pharynx resolution takes place, usually without rupture of the drum or serious harm. We would class, then, all cases of acute middle ear inflammation under the head of *infected* and *non infected*. Assuming the drum membrane to be intact at the onset of the disease, all infected cases come from the emigration of pathogenic germs—streptococci—from the naso-pharynx or other extraneous matter deposited there by forcible inflation. Those not so irrationally treated, excluding those from

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exanthemeta, recover by resolution. As nature is potent to prevent infection when let alone so is she capable, by a little assistance, of making repairs after infection when not prevented from doing so by over treatment. An enormous secretion is poured out in the tympanic cavity which ruptures the drum and, by a syphonic action, empties the tympanum and mastoid antrum through the external auditory canal. Unfortunately the resistance of the drum to the exit of the invaders is sometimes greater than the frail barriers to the vital parts, which lie so dangerously near, when one or more gives way, permitting the extension of the disease to the labyrinth, brain, or large blood channels.

Paracentesis of the drum membrane is imperatively demanded in all cases of acute middle ear disease where the pain is not relieved in a few hours by application of heat or local blood letting, especially if the drum is seen to bulge at any part by the pressure of fluids from within the tympanum. The incision, as a rule, should be made in the posterior part of the membrane, preferably under an anesthetic, and large enough to insure perfect drainage. Politzeration and all other forms of inflation must be strenously avoided during the active stage of the inflammation, as such a procedure is not only painful and injurious to the inflamed and highly sensitive surfaces against which the air is forced, but there is danger and great probability of infecting the other ear. To amply verify the danger of infecting the sound ear by the routine practice of inflating the tympanum in acute otitis media, we have only to observe the precisive regularity with which the calamity occurs after such irrational treatment. After freely incising the drum membrane, a strip of antiseptic gauze one quarter of an inch wide, and one and a half inches long, should be inserted in the ear reinforced by a small fold of the same material in the concha, and the ear let severely alone for twenty-four hours, when the same dressing should be repeated without the aid of syringe or douche. If the discharge is very profuse the dressing may be changed more often. Extreme and persistent pain in the ear is evidence of pressure, and its presence after paracentesis of the drum membrane indicates that the opening is blocked when it should be enlarged. The drum being patulous, the external canal acts as a syphon, and will effectively empty the tympanum, mastoid antrum, and cells, if permitted to do so. The capillary attraction of the gauze reaching from the drum outward assists the process. The external auditory canal being a habitat of the wily staphylococci, moist heat in the form of germicidal solutions may be used as hot as can be borne for the relief of pain. Frequently, however, the drum is too sensitive to bear the weight of the column of water when dry heat should be used, care being observed in either event, to render the external auditory canal aseptic before the drum is perforated. Immediately after the drum is opened, whether a discharge has set in or not, antiseptic gauze should be introduced loosely into the canal as a barrier to micro-organisms and to encourage the flow. The swelling which takes place in the eustachian tube during the active inflammatory stage of otitis media closes that channel of entrance of air to the tympanic cavity, provided, however, force is not used.

By sterilizing the external auditory canal, incising the drum membrane when there is pressure, and loosely filling the canal with antiseptic gauze which will filter the air that enters, and offers no resistance but aids the outflow of pent-up exudates, we emulate and assist nature in the highest degree to relieve the sufferer of a most dangerous affection.

On account of the anatomical arrangement of the parts, the most serious form of all middle ear inflammations are those in which the disease is localized in the attic or upper portion of the tympanum. To Dr. Tansley, of New York, is

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probably due the most credit for pointing out the specific features of attical cases in contra-distinction to other inflammatory diseases of the middle ear; also the especial dangers of the affection and proper treatment. Internally, above and in front of the attical portion of the tympanic cavity lies the brain, separated only by a thin shell of bone without diploe and which is often poorly ossified. Posteriorly the cavity opens into the mastoid antrum and it in turn connects with the mastoid cells. The floor of the attic is a fold of mucous membrane attached to the short process of the malleus and extending across the tympanic cavity to the rounded eminence of the facial canal. Normally the attachments of this fold of mucous membrane are such as to not entirely separate the lower or true tympanic cavity from the attical portion; such a condition, however, is sometimes found and not infrequently the passage is so narrow as to close after a slight swelling, while complete separation of the cavities probably always takes place during high congestive stages. By this power to close the upper part of the tympanum upon the approach of disease, thereby cutting off communication between the antrum and mastoid cells, nature subserves the purpose of placing those important parts out of harm's way only, however, when the inflammation does not invade the attic to a considerable degree. The conditions which act so favorably when the disease is confined to the lower part of the tympanum, prove a serious complication in attical cases by confining the inflammatory products to a narrow space which is in close proximity to the brain and directly connected with the antrum and mastoid cells. The attic extends somewhat over the bony wall of the meatus and has no outlet for the pent-up exudates save by a small space just below the superior attachment of the drum head through the flaccid Shrapnell's membrane and, as the cavity below only reaches to the short process of the malleus, the exit for pus or sero-pus is very narrowly circumscribed even when the parts are not swollen. If artificial means for the escape of pent-up inflammatory products in this space is not promptly afforded, they will burrow under the derma, covering the inner superior lip of the external canal which can be seen, together with the posterior superior quadrant of the drum, or Shrapnell's membrane, bulging early in the disease. The rapidity with which the bone is denuded resulting in necrosis and chronic discharge from the ear, with which we are all too familiar, is peculiar to attical disease.

As pain is in proportion to the pressure of retained inflammatory products, extreme pain is always a prominent subjective symptom of this affection. Positive diagnosis is made when the membrana flaccida and derma at the upper posterior extremity of the auditory canal, either one or both, are seen to pout. Both will be reddened and sometimes bulged out sufficiently to touch the floor of the auditory canal, obstructing the drum head from view. This condition is frequently mistaken for a polypus. *The treatment is early free incision and drainage.* The method of incision as performad by Dr. Tansley is the best, and is of late frequently written and spoken of as "Tansley's Cut in Acute Attical Diseases." A description cannot be better given than in the author's own words. In a paper read before a meeting of the American Otological Society he says: "At the earliest possible moment as soon as the diagnosis is made, and that is when an inflammation is seen in the superior or superio-posterior part of the drum head passing upwards from the short process, make a liberal opening in these parts. A broad, strong, and of course sharp Graefe's cataract knife is held strongly between the finger and thumb with cutting edge directed upwards, the point of which is caused to pierce the flaccid membrane no lower than the short process, and in the center of the greatest inflammation. It is passed rather deeply or

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until bone is struck, then a strong liberal cut is made upwards or upwards and backwards, dividing the tissues for one half or three-quarters of an inch. I do not think that I have ever made this cut in a case which had been existing for a day or two in which my knife did not pass over rough and denuded bone at the inner and superior lip of the bony canal. The external canal is at once filled with a plug of absorbent cotton and no syringing or douching is permitted. If necessary a second or even a third cut may be made if tissues are not thought to be thoroughly divided. Where these cases are seen before pus is formed, it is advisable to thoroughly disinfect the canal before making the incision."

In a few cases where the pain has persisted I have found it necessary to incise the parts again upon the second or third day, but usually the cases immediately improve and the whole inflammatory process passes away in a few days. In many of my cases, where there has been tenderness upon percussion over the mastoid, this cut has been sufficient to relieve the symptoms entirely, but usually if the mastoid cells are implicated it will be necessary to subsequently operate upon the mastoid. But what I want to call the attention of the Society to chiefly is the importance of early recognition of these cases and an early incision, and by doing so you will find that mastoid cases and operations and cerebral cases will be materially less.

Burdick Block.

REPORT OF CASE OF CYSTIC TUMOR OF THE SPERMATIC CORD.*

BY LEVI D. JOHNSON, M. D., WHITTIER, CAL.

About half past 10 o'clock, Friday morning, Mr. J. B., aged 30, an Englishman by birth and a carpenter by occupation, came to my office and said he had some trouble for which he wished me to examine him. On entering the consultation room he told me that when a boy of 16, he was ruptured and had been troubled with it ever since. During most of that time he had worn a truss and had gotten along quite well, but for the fact that occasionally it would come down in spite of the truss, when he would be compelled to lie down and put it back, which he had always been able to do until the day before. On that day while working on the roof it came down from under the truss, causing him much pain. He at once left the roof, and went to a place where he could lie down to replace it. As he removed the truss the pain ceased, but to his great surprise he could not return the intestine. This was about 11 o'clock in the forenoon. As it did not pain him with the truss off, he continued working carefully during the rest of the day. He was working six miles in the country and rode home in a buggy after his day's work. After getting home and in his bed, he manipulated it again for some time, trying to reduce it, but failed and finely went to sleep. The next morning he resumed operations without success, until about the time he reported at my office.

Laying him on the operating table, I proceeded to examine him and tried to reduce it. When first touched it felt like a common rupture, but upon further manipulation I became satisfied there was something unusual about it. The abdominal wall being very thick I could not clearly decide just what was the nature of the trouble. Having an important engagement at that hour, and as he was suffering but little discomfort, I left him until afternoon when further efforts were made to reduce it, without accomplishing anything. Every thing was tried except to put him under an anesthetic.

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Ether was then administered and I was prepared to operate if necessary. After being anesthetized, with the relaxation of the abdominal muscles, I could clearly outline the knuckle of the gut, but became satisfied there were extensive adhesions which held it fast, as the ring was now patulous, large and roomy. After thoroughly cleansing the abdomen, I cut down upon the gut and found a large knuckle protruding from the inner ring, but not constricted, as I could easily pass my finger through the ring and around the intestine. The adhesions were strong and extended nearly the entire length of the canal. When these were loosened, without any enlargement of the ring, the mass easily slipped back into the abdominal cavity. As I introduced my finger within the ring, it immediately came in contact with a large, hard tumor. This was gently brought down to the ring, but on account of its large size, could not be made to pass through without greatly enlarging the ring. This had to be done until I had an opening three inches in diameter, as I found that I not only had a tumor larger than my wrist, but also a large mass of omentum adhered to it all around. The entire mass being delivered, I proceeded to free the attached omentum. The blood vessels being enormously enlarged, it was slow, tedious work to tie so many of them off. As I proceeded I found that the tumor was so attached to the cord and vessels, that the only thing to do was to sever these above the tumor and remove the testicle with it.

This being done, the edges of the ring were pared and the entire wound closed without drainage. All the ligatures and stitches were silk. The operation was done under very unfavorable surroundings, being in a small private house, with patient lying on the sofa.

An uneventful recovery took place, the patient slept well that night, never had any pain or temperature and on the twelfth day was down town.

Microscopical examination of this tumor shows it to be a multilocular, thick-walled cyst. Microscopical examination would indicate that the lining cells were of mesoblastic type. Such cysts usually contain a serous fluid, as did this one. The wall has not undergone any calcareous degeneration or ossification.

A few points to which I specially call your attention are:

(1) The patient's positive assertion that he had always been able to *completely* reduce the hernia, while such extensive adhesions now existed as to firmly hold it in the canal.

(2) His declarations that he had never felt any tumor or hardness which had ever led him to suspect anything but an ordinary hernia.

(3) That a knuckle of intestine came down, filling the canal, and remained there *irreducible* for 48 hours without any pain or tenderness. This can be accounted for by the large size of the ring.

(4) This patient was the father of a daughter seven or eight years old, his wife having never become pregnant again; while after the operation, he having but one testicle, she became pregnant within three months.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

DETERMINATION OF TUBERCLE-BACILLI IN MILK, WINE, ETC.—(*Phil. Med. Jour.*) Mr. E. W. Hammond communicated to the Patholog. Inst. of McGill Univ., the details of a simple method. His plan was to add to the

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suspected liquid about five per cent. of pure carbolic acid to prevent the development of extraneous germs which often materially obscured the result. He then took 30 cu. cm. of the liquid and centrifugated it in a machine that could give about 2000 revolutions per minute. The supernatant liquid was decanted off, and to the sediment a few cu. cm. of three per cent. sodium hydrate were added and the mixture allowed to stand for a few minutes. The tube was then filled up to the 15 cu. cm. mark and again centrifugated. If advisable the process was again repeated. By this means much of the debris was dissolved out and the bacilli were detected even when very small numbers were present. He had discovered bacilli in milk when inoculation experiments had totally failed to reveal any tuberculous disease.

NITRO-GLYCERINE IN SPASMODIC CROUP—(*Atlantic Med. Weekly*, May 28). G. G. Marshall, M. D. In this class of cases, nitro-glycerine has proven an ideal remedy. As children vary in their susceptibility it is best given in small doses frequently repeated until relief is obtained, or the physiological effect is manifest. Children from five to ten months old receive from one-ten-hundredth to one-six-hundredth of a grain, repeated in from five to ten minutes if no effect is noticed. Usually in ten minutes there is marked relief in the dyspnea and general appearance of the child. By repeating these small doses from every fifteen minutes to once in one to three hours, the laryngeal spasms are controlled. It may need to be repeated only once or twice, or again it has to be continued at intervals for two or three days. Ipecac, aconite or such other drug as may be indicated, should be given separately. One may thus avoid in the majority of cases the unpleasant use of emetics. Not only does nitro-glycerine give relief in these cases in children, but many times in adults, especially in nervous and hysterical women. Those cases which would be relieved by bleeding are equally well relieved by free doses of nitroglycerine. But not always do we have such happy results and the cases it will benefit cannot be determined except by trial. When it fails you have lost little time and can then resort to the usual methods of treatment.

TREATMENT OF RENAL AFFECTIONS DURING PREGNANCY.—(*Brit. Med. Jour. Canada Med. Rec.*) O. Pasteau and J. D. d'Herbecourt report the case of a patient four and a-half months pregnant, who suffered from purulent cystitis. She had suffered from leucorrhea six months. The region of the right kidney was full, dull and very tender; pyelonephritis by direct infection from the bladder was diagnosed. Irrigation of the bladder was resorted to with improvement of the bladder signs, but the temperature continued high. When a large quantity of urine was evacuated the temperature generally fell for a time. On one occasion artificial distension of the bladder was done for purposes of ureteroscopy, and though the examination of the ureter could not be effected, it was observed that the temperature fell for several hours afterwards, so they determined, when the cystitis had subsided, to distend the bladder artificially at regular daily intervals for a few moments. This was done with the result that the temperature remained normal, and the patient was confined naturally at eight and a half months. The authors explain the results by supposing that the right ureter used to become temporarily blocked by pressure of the gravid uterus. Distention of the bladder raised the uterus and freed the ureter.

THE USE OF STROPHANTHUS.—(*Amer. Jour. Med. Sci., 1897. Arch. of Pediat.*, May, 1898). Reynold W. Wilcox. The advantages which strophanthus possesses over digitalis may be summed up as (1) greater rapidity, modifying

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pulse-rate within an hour; (2) absence of vaso-constrictor effects; (3) greater diuretic power; (4) no disturbance of digestion; (5) absence of cumulation; (6) greater value in children; and (7) greater safety in the aged.

When we consider that although digitalis has been in use since 1875 in the treatment of cardiac disease, it is only within the past ten years that it may be truly said that its administration was productive of uniformly excellent results. That this is so is undoubtedly due to the fact that the greatest danger from its use—namely the marked vaso-constriction—has been to a considerable degree obviated by the coincident administration of a nitrite. Strophanthus was first brought to the notice of the French Academy of Medicine in 1865, but its first practical demonstration as a valuable heart remedy came 20 years later, when Frazer published the results of his long-continued and patient researches. With the wider and more rapid dissemination of knowledge which obtains at the present day we may hope within a comparatively few years we may have strophanthus used as carefully as is digitalis today. That it possesses distinct advantages over the latter drug is undoubted, and it is equally certain that it is free from the greatest danger which the use of digitalis entails, namely, vaso-constriction.

We may say that success in the administration of strophanthus requires: 1. An active, well-made preparation from a reliable source. 2. Avoidance of its use in fully or over-compensated hearts, in those which present advanced muscular degeneration or mechanical defects of high degree. 3. The use of not too large or too frequently repeated doses. From my own observations, the dose of five drops of a reliable tincture three or four times a day is sufficient.

DIASTATIC FERMENTS.—(*London Lancet, Phil. Med. Jour.*) Wyatt Wingrave, as the result of experiments with several starch-ferments, reaches the following conclusions: 1. Of the ordinary starch or diastatic ferments, taka-diastase is apparently the most powerful, the most reliable and the most rapid in action. 2. Organic acids, such as butyric, acetic and lactic, the acids most frequently present in pyrosis, etc., retard but do not permanently kill the ferments. When neutralized they are harmless. Taka-diastase is less influenced by them, also by tea, coffee and alcohol, than are saliva and malt extractives. 3. Hydrochloric and other mineral acids, quickly stop and permanently destroy all the starch-ferments, if allowed sufficient time and if present in sufficient quantities. 4. Taka-diastase and malt-diastase have, like ptyalin, no action upon cellulose.

RENAL HEMATURIA WITHOUT KNOWN LESIONS.—(*Phil. Med. Jour.*, p. 509, 1898. *Jour. Cutan. and Genito-Urin. Dis.*) Dr. M. L. Harris reports in detail the histories of two cases with this peculiar condition. The first case was a man 51 years old, without venereal or alcoholic history. There were absolutely no symptoms except blood in the urine, which had continued steadily for three months before the patient was seen, and the resulting anemia and loss of strength. Patient recovered under general tonics and forced feeding and has had no recurrence in two and a half years. The second case was a man 50 years old with a very similar history, who had suffered from this condition off and on for three years. Physical examination absolutely negative. Cystoscopic examination showed that the blood came only from the left ureter. Medicinal treatment proving ineffectual, exploratory nephrotomy was performed. The kidney being found normal in consistence, and no calculus being found, the kidney was sutured and the wound closed. The patient recovered and was perfectly well when last heard from, six months after operation. The author reviewed 16 other reported

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cases with similar histories. The theories that have been advanced to explain the conditions are unsatisfactory; he draws however, the following conclusions:

1. There is a condition of renal hematuria not due to the usually accepted causes, namely: acute nephritis, calculi, tuberculosis, septic infection, malignant and non-malignant new formations, hemophilia, injuries, malaria, intoxications, etc.

2. There is probably in these cases a local lesion in the kidney which may be strongly influenced by the nervous system.

3. With our present knowledge we are unable to state what the pathologic changes are.

4. These cases have not been benefited by the usual hemostatic remedies.

5. After a reasonable trial of other methods of treatment, including tonics, cold baths, etc., if unsuccessful, simple nephrotomy should be performed.

6. Owing to the almost uniform success of simple nephrotomy, primary nephrectomy should never be performed.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

THREE CASES OF FRACTURED PATELLA TREATED BY WIRING; EXCELLENT RESULTS IN EACH CASE.—(*Boston Med. and Surg. Jour.*) By J. V. Meigs, M.D. In the Boston *Medical and Surgical Journal* of the issue of December 16, 1897, there appeared an interesting editorial on the "Treatment of Fracture of the Patella." Strange to say, the notes of three cases have been lying upon my desk, cases occurring during my service at St. John's Hospital in the year 1896, which I was intending to report at some future day. These cases have been to me interesting. I was first led to treat these fractures by wiring from observation of a case seen in consultation.

A man, although strongly advised by his attending surgeon and myself to submit to operation, refused, necessitating its dressing in the old way—elevation, straps and figure-of-eight bandage. This case was a very difficult one to hold; in fact, it was out of the question, on account of swelling and pain, to even approximate coaptation of the fragments. The dressings had to be changed, frequently tightened, then loosened, and then tightened again. The result in this case (and I very carefully watched it) was not good, yet it was as good, if not better, than many others which I have seen treated in the same manner. In this case the union, fibrous or otherwise, which he got was slow, the patient being confined to his bed for six or seven weeks. His position in bed uncomfortable, sufferings excruciating, both from his position and the form of dressing used. After getting up from his bed it was five and one-half months before he was able to attend to his work. Then there is a separation of nearly one inch between the fragments, and while not lame, yet he has a limb that he cannot use as he did before. This case I watched carefully, and made up my mind, from its progress and from its result, that the next case I had with this fracture I would strongly advise wiring. I have wired three, as will be seen below, with excellent results. All three of my cases were young adults in good health and of good habits.

Case I.—J. M., aged twenty-three years, and a laborer by occupation fell some little distance April 10, 1896, striking upon the right knee. He was carried to St. John's Hospital, carefully examined, and found to be suffering from a transverse

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fracture of the right patella. The knee was enormously swollen and exquisitely sensitive. His leg was elevated and icebags placed upon the knee as preliminary treatment until April 17, 1896. On this day, the swelling having considerably abated, he was placed upon the operating table, ether administered, and under the most strict asepsis a transverse incision was made over the patella, which was found to be fractured transversely into two fragments, the upper being quite a great deal the larger of the two. The joint was full of clotted blood, which was removed, the joint carefully washed out with sterile water and the edges of the fragments freshened by the use of a chisel; two holes were then drilled obliquely in each fragment,* care being taken not to go through the cartilage; silver wire, one-sixteenth of an inch in thickness, was then introduced, joint again carefully flushed, fragments brought together and wire twisted and hammered flat. Capsular ligament of the knee was then carefully united over the patella by a continous suture (Leaven's No 1 chromicized catgut being used). Skin then united by a running silk suture, sterile dressing applied, and leg placed upon a long posterior splint and elevated a little. This patient made an uneventful recovery. At the end of two weeks the stitches were removed, the wound having healed by first intention, and the leg again dressed as before. At the end of the next two weeks, or four weeks after the operation, the splint was removed and the result found to be perfect. A plaster-of-Paris bandage was now placed about the knee, and the patient given crutches. After two more weeks, or six weeks after operation, patient was discharged well. He could bend the knee with ease and perfectly, and could kneel without much pain and with little inconvenience, and could walk without a limp.

Case II.—C. G., age nineteen, health and habits good, and a farmer by occupation was admitted to St. John's Hospital May 12, 1896, suffering from a fractured patella. Upon inquiry the following history was elicited: March 14, 1896, while engaged in his work, he fell, striking on his right knee-cap. He was unable to get up, and was carried by the ambulance to St. John's Hospital. He came under the care of Dr. J. Arthur Gage, who made a diagnosis of transverse fracture of the patella, and advised wiring. This was done on March 15, 1896, by Dr. Gage, with a happy and perfect result. He was discharged April 27, 1896. After his discharge he immediately went to his work, and all went well until May 12, 1896, when in jumping from a wagon to the ground he again fractured the same patella. He immediately returned to the hospital, where on May 13, 1896, I opened up his knee-joint by a vertical incision on the line of the scar of the previous operation. On getting down to the patella I found the bone broken transversely in two fragments, the wires broken next to the knots, the fragments wide apart, and the space between them and the whole knee-joint filled with blood clot. I removed the broken wire, cleaned out the joint and examined the fragments carefully.

There is no doubt whatever but that bony union, although somewhat feeble, had taken place, and that his fall had torn the fragments rudely apart. I freshened the edges of the fragments, made new drill holes, rewired and closed as in the above case. The dressing applied was the same as in Case I. This patient made an uninterrupted recovery and was discharged July 3, 1896, with a perfect union and with a limb almost as useful as it was before his first fracture.

Case III.—J. S., a laborer, aged thirty-one, admitted to St. John's Hospital August 17, 1896. On admission we got the following history: He had suffered a fall, striking his right knee against a curbing. His knee was greatly swollen, dis-

*In drilling the holes I have made use of an ordinary metal handled awl, such as can be purchased of any hardware dealer at a cost of 25 cents. The drills made for surgical use are extremely difficult of management, unwieldly, liable to break and cause annoyance.

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colored and exceedingly painful. At the time of his admission I did not think it wise to operate at once; so he was put to bed, leg elevated and icebags applied to the knee. September 1, 1896, I operated, making a transverse incision, and carrying out the details as in the two previous cases. Patient made a perfect recovery and was discharged from the hospital October 17, 1896, without deformity, without lameness and in excellent condition.

Under strict aseptic precautions, given a young, healthy patient of good habits, I do not think I should hesitate a moment in deciding to operate. With operation the results are better, convalescence speedier, patient more comfortable, and the surgeon is saved from much condemnation.

HOT AIR FOR CONTROL OF HEMORRHAGE.—(Proc. 27th Congress German Surg. Soc., *Phil. Med. Jour.*) Dr. Holländer, Berlin, described a case of complete extirpation of the gall-bladder with resection of the liver for malignant tumor. The operation was a complete success and the patient is in excellent health. He had controlled the hemorrhage from the liver by hot air, and exhibited his device for making it. It was a small Bunsen burner with two arms extending up from its tube. On these arms rested a small coil of metal tube so that they would come just within the flame. A long tube ending in a point extended from this coil and on the other side the coil was connected with the rubber tubes and bladders of an ordinary Paquelin. He recommended it strongly for such cases generally, and also for hemorrhages elsewhere as in the uterus.

In the general discussion was mentioned a case of extensive resection of the liver for echinococcus cyst. Hemorrhage was controlled by ligating the larger vessels, both veins and arteries, with catgut, and pressing the two cut surfaces of the liver together, and holding them in place by compresses. When drainage was removed, it showed not a drop of blood. Still, Holländer's method was the one that received most attention and was looked on as a practical addition to surgical technic.

FRACTURES IN AND NEAR THE ELBOW JOINT.—(*The Railway Surgeon*, June 14, 1898.) Dr. S. H. Shoptaugh, in a case where joint was so much swollen that he could not determine the condition under an anesthetic, applied an Esmarch bandage, commencing at the hand and continuing to the armpit; after it had remained a few minutes, he began to unwrap from the hand up, leaving the last few turns of the bandage intact. The arm was left pale and bloodless, the congestion and edema for the time gone, so that a fracture of the internal condyle of the humerus was readily detected.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

GYNECOLOGICAL QUESTIONS.—The following questions were asked in a recent written review of the senior class at the Medical College:

1. Give cause, result and methods of treatment of lacerated cervix.
2. Describe the rectum and its relations in the female.
3. Give the objects and technique of curettage.
4. Name the varieties and treatment of endometritis.
5. Describe the ovaries and fallopian tubes.
6. Describe the uterus, naming its supports.

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7. Give treatment of shock following a laparotomy.

8. Give varieties of uterine fibroid, and their medical and surgical treatment.

9. What is normal salt solution, its therapeutic use, and the methods of its administration?

10. Name six laxatives, their dosage, and the one you consider most frequently desirable in chronic constipation.

NURSES' EXAMINATION.—The following are the questions asked at the recent final examination of the College Training School for Nurses: 1. How may drinking water become contaminated? And how purified? 2. What are the indications for use of water in fevers, and how may it be used? 3. How would you prevent the extension of infection when caring for a typhoid patient? 4. Tell about the care of a contagious disease, like scarlatina or diphtheria. 5. What is the dose of morphine, strychnia and atropia? 6. Tell us about the diet of a typhoid case. 7. Urine—normal amount, specific gravity and tests for albumen. 8. Describe the respiratory system. 9. Describe the circulatory system. 10. What are the important features of a well-made record? 11. Describe the Trendelenburg position and give reasons for its use. 12. Name 10 surgical instruments used in gynecological operations. 13. What steps would you take to prevent inflammation of the breasts in the puerperal woman? 14. What is the duration of pregnancy, and how would you calculate the date of confinement? 15. What would you guard against in the mother after confinement? 16. What are the symptoms and treatment of shock? 17. How would you prepare a case for laparotomy? 18. What are the usual difficulties to contend with after a laparotomy? How would you meet these? 19. Give method of catheterization and state how many hours apart you would use the catheter in case where such procedure was necessary. 20. What are the symptoms of internal hemorrhage? 21. What are the indications and methods of giving a bath? 22. What are the indications and methods of giving salt solution? 23. How would you disinfect and fumigate a room? 24. What is pus and how caused? 25. What are bacteria and where found? 26. How would you apply heat or cold to the body? 27. In nursing a tubercular patient what precautions would you use to prevent spread of the disease? 28. How would you give a hypodermic injection, and name four medicines with their maximum doses? 29. What is normal temperature and name the different methods of taking same? 30. What is anesthesia? Name anesthetics. Describe stages. Symptoms of overdose. 31. What are antiseptics? Give strength of solutions. 32. Describe dressings for wounds, ulcers and burns. 33. Describe different kinds of bandages. 34. In fracture of the thigh give position of leg and how the the bed should be arranged. 35. How would you control hemorrhage? 36. Give care of case after operation. 37. What do you do for a compound fracture while waiting for the surgeon? 38. Describe preparation necessary for an amputation.

VOMITING OF PREGNANCY.—(*Amer. Jour. Med. Sc.* June, 1898). Dr. C. S. Bacon sums up the suggestions regarding treatment as follows:

1. The abnormal irritability of the nervous system, including the vomiting centre is to be allayed by keeping the patient in the horizontal position, by attention to the skin and bowels and kidneys, using rectal and, if necessary, hypodermic injections of salt solution.

2. The hysterical condition which is so commonly found present should be controlled by strengthening the will and influencing the dominant ideas of the patient.

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3. All sources of peripheral irritation should be discovered and treated.

4. In extreme cases subcutaneous saline injections serve the three fold purpose of (a) diluting the blocd and increasing vascular tension, (b) eliminating toxins through renal and intestinal emunctories, (c) furnishing two most important kinds of food.

5. Induction of abortion is never indicated. At a stage when it is safe and efficient it is never necessary, and in extreme cases it adds greatly to the danger, rarely stops the vomiting, and can be substituted by the artificial serum.

POST OPERATIVE PAIN.—(*Jour. A. M. A.*) Dr. E. B. Smith. After operations give as little anodyne as possible, none at all is better. Here codein is preferable to morphin, on account of its less depressing, less constipating after-effects. If morphin must be given it is preferable to use the hypodermic syringe. For the pain after an operation involving the brain, give bromides. For abdominal pain after laparotomy give teaspoonful doses of *hot* water and apply hot water to the abdomen, where it can be done without infecting or wetting the wound. Be careful to prevent vomiting after abdominal incision. This may be done by cocain spray to the nares, by laying a cloth wet with vinegar over the face, or by counter irritation over epigastric regions, etc.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

DEFORMED TEETH AND UPPER JAW FROM NASAL OBSTRUCTION. —(*A. M. J.*, May 23, '98.) Mills says, a professional experience of more than 25 years has taught me that any inflammatory lesions—nasal and post-nasal—found in children from 4 to 12 years, which obstruct these natural conditions, are, in the majority of cases, the chief agents in the causation of malformed jaws and consequent abnormal alignmeut of the teeth.

THE USE OF SUPRARENAL CAPSULE EXTRACT IN MINOR EYE SURGERY.—(*A. M. J.*, April 23, '98.) Dr. Joseph A. Mullen. The objects to be attained in using suprarenal capsule extract are to prevent pain and hemorrhage in minor operations on the eye and its appendages. Its effects are the result of its physiological action upon the small arterioles, a vaso-constricting action, thereby retaining the cocain solution within the tissue. The latter solution precedes the use of the extract. Its use seems to furnish primary healing of the tissues and also to modify post-operative swelling. The intraocular tunics are reduced to a state of ischemia by its contractile power, but accommodation and the pupils remain unaffected. The solution is make by dissolving five grains in one drachm of cold saturated boric acid. It keeps very poorly and should be prepared fresh with each operation. The solution is not at all irritating but rather imparts a cooling sensation to the conjunctival membrane. It is always used five to ten minutes after a five per cent. solution of cocain has been instilled. The author has used the extract in removing pterygium adhesions of lids to eyeball; slitting canaliculus and cutting structures of nasal duct, etc.

INFLAMMATION OF THE SINUSES OF THE FACE (*Gaz. Méd. de Liège*, March 17), are so frequent that they are found in 20 per cent. of the necropsies, and in 90 per cent. of those preceded by grip. V. Boland recommends remaining

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in bed if there is much reaction. Sudation with pilocarpin will sometimes afford much relief. He advises Moure's inhalations of the following: Add to a hot infusion of aromatic herbs a teaspoonful of the following: Pure alcohol, 150 grams; menthol, 5 grams; eucalyptol, 5 grams; oil of gaultheria, 5 drops; inhale for five minutes four times a day. Lermoyer recommends the following: Pure alcohol, 100 grams; menthol, 5 grams; add a tablespoonful to a bowl of hot water and inhale by the nose through a tunnel for 5 minutes, every two hours. The Politzer douche cleanses the sinus in some cases. The contents of the sinus can also be aspirated out sometimes by deep inspirations, with the mouth and nose tightly closed.

EYE STRAIN.—(*Boston Med. Jour.*, Feb. 17, '98.) Cheney calls especial attention to two conditions not well known to be caused by eye strain, viz., vertigo and drowsiness. He mentions the fact that vertigo is produced most frequently by some systemic disorder but recites examples in which this symptom depended upon eye strain and disappeared after proper glasses had been prescribed. While he does not credit errors of refraction with being frequent causes of drowsiness he mentions the fact that such a connection is not uncommon, and relates cases in which such drowsiness, especially upon application for near work, was removed by correcting lenses.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

(Regular meeting, April 1, 1898, the President, Dr. R. W. Miller, in the chair.)

Dr. Frank Gordon read a paper on "The Evolutionary Aspect of Hygiene and Disease," (page 206).

DISCUSSION.

Dr. J. E. Cowles: I will refer only to that part of the paper which relates to diet. Think it is a fact that we all eat too much. If we ate less, especially of meat, there would be less indigestion with resultant headaches, pains, excessive accumulation of fat, etc. I believe in Haig's uric acid theory.

Dr. Geo. L. Cole: I would take issue with Dr. Cowles as to the living on vegetable diet and little of that. I remember when in college Dr. Austin Flint said, it was the general opinion that dyspeptics should have a limited diet, but that this was a mistake, that the system could take care of an excess but could not make up for a deficiency. Think indigestion is due to nervous strain and irregular habits, and that one needs a variety of food and plenty of it.

Dr. J. H. Davisson: I don't agree with Dr. Cowles that obesity is due to excessive eating; it is often an expression of indigestion and mal-assimilation.

Dr. Cowles: I do not mean that one should confine himself to vegetable diet, but should take less meat than most of us do. I formerly used meat three times a day and attributed my attack of inflammatory rheumatism to it. Since then I have been more sparing in its use and with good results. One can't lay up fat unless it is taken in in some form.

Dr. J. J. Still: I believe indigestion affects more particularly young people who, being nervous and ambitious, eat in a hurry, the particular line of diet making little difference. As they increase in age, are more deliberate and eat slower, the trouble disappears.

Dr. Wm. Dodge: I agree with Dr. Still, that it is not so much what we eat or the amount as the condition we are in when we eat it. Ptomainic indigestion is

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a symptom—atonic indigestion covers the ground better, the nervous system is mostly at fault.

Dr. Gordon: I do not differ widely from Dr. Dodge. Digestion, absorption and assimilation are dependent on the nervous system for their power. The case which I crudely outlined might be called atonic dyspepsia if the patient's capacity were reduced by heredity, overwork or dissipation.

Dr. J. J. Still reported a case of blood-poisoning (page 209).

DISCUSSION.

Dr. Davisson: I would especially commend the Doctor in not amputating at the crisis at the wish of the patient and his friends. They will die if you do. I had a similar case with Dr. Bacon, where the arm was lacerated by being caught in a wheel at oil-wells; we, at one time, thought he would die, but he recovered and has a good arm. In regard to the punctured wound, make an open wound of it, get the antiseptic and mechanical effect of the flow of blood-serum, let in the light as the tetanus bacillus is anaerobic and apply antiseptic.

Dr. T. Davidson: I wish to report my own condition after post-mortem in septic case. I used every precaution, scrubbed hands thoroughly with green soap, soaked in 1-500 bichloride and after I went home, scrubbed more with very hot water and applied more of antiseptic, yet in 24 hours two phlegmons appeared on the thumb and I have had boils ever since (now three weeks). I mention this to show how ineffectual antiseptics may be; with the hand of laborers it is often impossible to get them clean for days.

Dr. Cowles: I recall a case in Dr. Gerster's clinic of purulent neuritis. The doctor followed up the nerve, exsected eight or ten inches; later did a second operation, applied wet antiseptic dressings and patient recovered without amputation. Perhaps Dr. Davidson overdid the scrubbing. After a post-mortem I have found nothing better as an antiseptic and deodorant than permanganate of potash followed by oxalic acid.

Dr. Davisson: As antiseptic for hands, we should not forget formalin, also the lime and soda powder.

Dr. W. F. Freeman: I took charge of the practice of a physician in a mining district at one time; he had all the men trained to come to him when they had the slightest injury of the fingers. They would come to have hand lanced when I could see nothing wrong, but they had learned that it would save them two or three weeks' sickness. I have used the permanganate and think it is better than other antiseptics, was led to its use through Dr. Ashhurst's reference to its employment during the civil war. As an evidence of what may result from a filthy wound, I had a case where 25 abscesses followed wound caused by rubbing of boot on heel—bone was also diseased under abscess—but child finally recovered.

Dr. Still: In septic post-mortem, it would be advisable to wear gloves, especially if the operator had ever been poisoned, as according to Bilroth one is not protected by an infection, but is rendered more susceptible. If all punctured wounds were treated by free incision, we would have fewer deformities.

(Regular meeting, April. 29, 1898, the president in the chair.)

Dr. B. F. Church read a paper on "The Prevention of Pyemic Complications from Acute Otitis Media," (page 211).

DISCUSSION.

Dr. E. W. Fleming: The doctor has fully and concisely shown the importance of acute otitis media, a disease which sometimes results in death and if not may leave lesions which handicap the patient through life. It is difficult to carry out

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correct treatment. Domestic treatment is usually septic and we are usually obliged to treat these patients in their homes depending upon the family for assistance. The utmost care should be observed. Paracentesis as ordinarily viewed by the generalist is a puncture; anything less than a free incision is little better than an intact membrane. It is imperative to render the external canal as aseptic as possible before incision. I am in the habit of mopping out with 1 to 1000 bichloride, followed by absolute alcohol. I am not inclined to syringe the ear even before it runs; mopping out with cotton sterilized over alcohol lamp is good, especially so after rupture. Syringing with the family syringe is dangerous as it cannot be aseptic. The doctor speaks of draining with strip of gauze; this is an excellent device but can only be carried out by one accustomed to manipulating the ear. I have usually mopped out with cotton and gently syringed with boiled water; the point is to cause drainage. When mastoid symptoms appear Tansley's incision is excellent practice—may be done even earlier and thus abort the accumulation, as I think the adjacent cavities must be more or less affected very soon, otherwise cannot conceive where so much pus comes from.

Dr. A. Davidson: When you incise the ear drum in early stage you make the same mistake as in opening an abscess too early; if you wait until ripe you can't infect. Another law is that one should never syringe a wound—it is contrary to pathology. Ear troubles would be better treated if the Politzer bag had never been invented, it does not compare with Valsalva's method. Gauze would not drain more than 24 hours in any location—it might do in acute stage. The treatment of this disease has been written about by men who never had it. I have and I know that nothing will give such relief as a poultice; you may call it filthy and use cotton and the hot water bag, but the former is more effective.

Dr. H. Bert Ellis: I know of no better way of applying heat than by a slow steady stream of hot water; it relieves pain better than a poultice, is cleaner and before incision will do a great amount of good. As to the question of incision, sometimes there is an accumulation of serum, and although we may infect by opening, it is the thing to do as there is very great pain and this relieves it. I do not believe in gauze drainage but in a careful wiping out of the canal with cotton and keeping the nasal passages clean; but few cases will need cleansing with peroxide of hydrogen or pyrozone.

Dr. Levi D. Johnson reported a case of "Cystic Tumor of the Spermatic Cord," (page 214).

ROSE TALBOTT BULLARD, Secretary.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Apr. 5, 1898, the following certificates were granted:

CAMP, JAMES L., 4888, Brainerd, Minn., Rush Med. Coll., Ill., Feb. 26, 1878.
CLARK, COLIN R., 4889, Brainerd, Minn., Med. Dept, Univ. Penn., June 13, 1895.
COURTNEY, WALTER, 4890, Brainerd, Minn., Med. Dept. Univ. Mich., June 28, 1883.
CRUIKSHANK, CHAS. G., 4891, Los Angeles, Med. Dept. Univ. Mich., March 29, 1876.
MCLEAN MURDOCH, 4892, San Francisco, Med. Dept. Univ. California, May 12, 1897.
MCLEOD, JAMES H., 4893, Healdsburg, Marion-Sims Med. Coll., Mo., April 2, 1896.
MCMAHON, FRANK ABRAHAM, 4894, San Jose, Med. Dept. Univ. California, May 12, 1897.
ORONHYATEKHA, WM. ADAND HEYWOOD, 4895, San Francisco, Trinity Univ., Toronto, Canada, June 28, 1892.
PRUITT, GEO. A., 4896, Whittier, Med. Coll. of Ohio, Feb 12, 1877.
PURDON, JOHN E., 4897, Turlock, Trinity College, Dublin, Ireland, June 25, 1885.
REID, ALEXANDER, 4898, Stayton, Ore., Med. Dept. Univ. Oregon, April 1, 1896.

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REIFFERT, MARION F., 4899, Quincy, Ill., Keokuk Med. Coll., Iowa, March 16, 1897.
TABOR, SIDNEY JOHNSON, 4900, Pocahontas, Va., Vanderbilt Univ., and Univ. Nashville, Tenn., March 1, 1894, March 1, 1893.
THABES, JOHN A., 4901, Brainerd, Minn., Med. Dept. Univ. Minn., June 6, 1896.
TREMPER, R. H., 4902, Ontario, Med. Dept. Univ. Mich., June 30, 1875.
WALLER, WM. J., 4903, Sacramento, Med. Dept. Univ. Vermont, July 5, 1897.
WEAVER, BENJ. J., 4904, North Ontario, Rush Med. Coll., Ill., March 28, 1893.
WITTER, GEORGE F., 4905, San Jose, Med. Dept. Univ. Mich., Mar. 6, 1896.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held May 3, 1898, the following certificates were granted:

ABBOTT, F. SPAULDING, 4906, San Jose, Berkshire Med. Coll., Mass., Oct. 8, 1866.
ALLEN, IRA A., 4907, Pasadena. Med. Dept. Univ. City of New York, Mar. 6, 1888.
BOOKER, THOS. A., 4908, Selma, Med. Dept. Vanderbilt Univ., Tenn., Mar. 30, 1898.
COLLINS, HARRY OTIS, 4909, Paloma, Ill., Keokuk Med. Coll., Iowa, Mar. 16, 1897.
FITCH, CHAS. C., 4910, Visalia, Beaumont Hosp. Med. Coll., Mo., Mar. 20, 1890.
FRASER, ALEXANDER I., 4911, Norwalk, Coll. Med. Univ. Southern Cal., June 3, 1897.
GENTRY, BENTON F., 4912, Stockton, Missouri Med. Coll., Mo., Mar. 20, 1896.
HANMORE, JOHN J., 4913, Oakland, Kentucky School of Medicine, Ky., June 30, 1884.
JONES, CHAS. E., 4914, San Francisco, Coll. Phys. and Surg., San Francisco, Cal., July 15, 1897.
KOBICKE, SOPHIE B., 4915, San Francisco, Coll. Phys. and Surg., San Francisco, Cal., July 15, 1897.
MCCORMICK, WM. W., 4916, San Francisco, Med. Dept. Rocky Mountain Univ., (Gross Med. Coll.) Colo., April 10, 1888.
SLAGLE, CHAS. D., 4917, Pomona, Starling Med. Coll., Ohio, Mar. 25, 1897.
WILLIAMS JOSEHH W., 4918, Los Angeles, Cincinnati Coll. Med. and Surg., O., Feb. 23, 1878.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held June 7, 1898, the following certificates were granted:

BIGELOW, ARTHUR W., 4919, San Francisco, Coll. Phys. and Surg., Ontario, Can. Apr. 29, 1885; Univ. Toronto, Ontario, Can., May 15, 1886; Royal Coll Phys., Lond., Oct. 28, 1886.
BLEVINS, W. J., 4920, Fairfield, Barnes Med. Coll., Mo., Apr. 13, 1898.
BURTON, JOHN C., 4921, San Diego, Barnes Med. Coll., Mo., Apr. 13, 1898.
BYARS, ALFRED H., 4922, Fresno, Barnes Med. Coll., Mo., Apr. 13, 1898.
CROWLEY, THOS. J., 4923, San Francisco, Med. Dept. Univ. California, May 17, 1898.
DUFFICY, GEO. W., 4924, Sacramento, Med. Dept. Univ. California, May 17, 1898.
GAGE, JAMES E., 4925, Riverside, Coll. Phys. and Surg., Ontario, Can., Apr. 7, 1898; Univ. Queen's Coll., Ontario, Can., Apr. 7, 1898.
HARPER, CHAS. W., 4926, Igo, Shasta Co., Med. Dept. Univ. Maryland, March 8, 1869.
HEIDMANN, A. C., 4927, Santa Ana, St. Louis Coll. Phys. and Surg., Mo., Feb. 28. 1883.
MUELLER, FRIEDRICK C., 4928, San Francisco, Med. Dept Univ. California, May 17, 1898.
MORTON, ANDREW W., 4929, Durango, Col., Med. Dept. Univ. Tenn., Feb. 23, 1892.
MORTON, J. H., 4930, Dinnuba, Cal., Marion-Sims Med. Coll., Mo., Apr. 10, 1897.
O'NEIL, MELVILLE E., 4931, San Francisco, Coll. Phys. and Surg., Des Moines, Ia., Mar. 12, 1895.
OSBORNE, CURTIS H., 4932, Pasadena, Med. Dept. Yale Coll., Conn., Feb. 15, 1877.
PALMER, ELIZABETH J., 4933, Los Angeles, Coll. Med. Syracuse Univ., N. Y., June 11, 1891.
ROBERTSON, J. C., 4934, Visalia, Med. Dept. Vanderbilt Univ., Tenn., March 30, 1898.
ROCHE, T. B, 4935, San Francisco, Med. Dept. Univ. California, May 17, 1898.
SHULTZ, REUBEN C., 4936, Los Angeles, Med. Dept. Univ. City of New York, Mar. 17, 1880.
WALKER, HUG. 4937, Riverside, Queen's Univ., Kingston, Canada, April, 26, 1897.

A license was refused to Francis E. Williams, of Los Angeles, on the grounds that the college from which she graduated (American Health University, Chicago, Ill.), is not a recognized school of medicine.

CHAS. C. WADSWORTH, M.D., Secretary, 1104 Van Ness Ave.

A USEFUL CHART.

Write to the Imperial Granum Food Company, New Haven, Conn., for sample copies of their new "Nursing World Fever Chart" for recording the vital signs and other information relating to the BATHS given in the treatment of fever cases. It is very complete and will be found especially useful in typhoid fever.

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ABSTRACTS.

PROFESSOR SCHENCK'S RESEARCHES ON THE PREDETERMINATION OF SEX.

The pamphlet opens with the statement that it is impossible to command natural processes, but possibly by scientific means to exercise a more or less effectual influence upon them, in order to extract from them the best possible results. His essay falls into three parts—a summary of the writings of his predecessors, an account of his own researches and deductions, and finally a description of the method of treatment he has devised with illustrative cases.

In the development of an embryo the generative organs are at first indifferent —hermaphrodite; in the further process of growth one set develops while the other atrophies. This tendency must be predetermined from the time of fertilization, for each cell formed from the ovum must have sexual characters, since these are not confined to the generative organs, but appertain to the whole body. The readiness with which an ovum can be fertilized depends upon its position in the ovary, the thickness of its envelope, etc., and these may also have a bearing on the question of the sex. In other words, the predetermination may precede fertilization, and of this confirmation is found in the development of bees and in the production of male and female flowers by plants under different nutritive conditions. In this connection Professor Schenck enunciates and discusses at considerable length the views of previous writers. He points out that the male sex preponderate to a definite though slight degree in the total number of births, and that the sex of the child is more likely to be that of the older parent. He pays particular attention to the theory of crossed sexual heredity, by which each sex tends to propagate the other. Thus if the sexual power of the male be greater a female offspring is more likely to result, and vice versa. This theory is threshed out most thoroughly and with abundance of quotations and examples; in the end Professor Schenck practically accepts it, and makes use of it in his further work.

With regard to the influence of environment upon sex, he quotes Robin's statement that in warm climates females predominate, in cold and unfavorable, males. Born also showed that 95 per cent. of artificially fertilized frogs' eggs hatched out as females, this being an effect of nutritive conditions acting after fertilization. Thury's researches are fully analyzed, and are stated to have originally called Professor Schenck's attention to the subject. Thury found that cattle fertilized at the beginning of "heat" threw more females, at the end more males. This he explained by the degree of ripeness of the ovum, but Schenck accounts for it on the crossed inheritance theory, the sexual power of the female being as its greatest at the end of the period of rut. This part of the work is summed up in the statement that the sex of offspring largely depends upon the state of nutrition of the parents, particularly that of the mother during pregnancy. During this peroid the difference between intake and excretion represents the food of the embryo, and hence requires special attention. The temperature is slightly raised owing to the oxidation processes, which entail a considerable consumption of red blood corpuscles and consequent diminution of hemoglobin.

The second section begins with the enunciation of the fact observed in domestic animals and in insects, that the better the mother is nourished the more females she produces, the number of males remaining practically constant. This influence upon the fetus in utero has received but little attention from the practical point of

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view, and Schenck consequently set out upon a series of observations based on the theory of crossed sexual inheritance. He first investigated the excreta, and particularly the carbohydrates of the urine. The presence of a certain amount of sugar, which is commonly recognizable by the phenyl hydrazine test in perfectly normal individuals indicates incompleteness of the oxidation processes, whereby a certain quantity of heat is lost to the body. This physiological output of carbohydrates is in the male sex most marked during the period of growth—that is, between the ages of 14 and 19. In women there is no corresponding increase, but small quantities may appear in the urine before and after menstruation, while Iwanoff and others have shown that glycosuria is common in pregnant and parturient women. Now the amount of sugar normally excreted is equal in men and women, but more significant in the latter owing to the lesser activity of their metabolic processes. For the perfect ripening of the ovum it is necessary that oxidation shall be perfect—that is, that no sugar shall be left unburnt. Where there is a remainder of unburnt sugar the ovum stands a chance of being less ripe, and less well nourished. Hence the properties of its protoplasm are less well developed, and by the theory of crossed inheritance it is more likely to produce a female child. On the other hand, when the urine is free from sugar the ovum can attain perfect development, and give rise to male offspring. It is upon this cardinal principal that Schenck's theory is based. He holds that a prolonged course of appropriate nourishment both before and after fertilization will tend to the conception of male children only.

The next question is of the means to be adopted to insure this end. If a male child is desired, and the maternal urine contains no sugar, but abundance of reducing substance (particularly the levo rotatory glycuronic acid), he allows impregnation forthwith. If, on the other hand, sugar is present, it must be removed, and the reducing substances increased before fecundation may take place. It is found that the urine of a woman pregnant with a boy contains more reducing substances than that of one with a girl. We need not enter into details of the diet recommended, beyond saying that it contains a large amount of proteid, which seems to be required by a male embryo.

Finally, Schenck gives what may be called his clinical results. He quotes numerous cases to show that the bearing of female children is associated with glycosuria. In such instances he recommends a diet comprising plenty of proteid and fat, and as little carbohydrate as can be tolerated; this must be taken for two or three months before and three months after impregnation. He gives one example in which six boys were born in succession under this treatment, and a girl immediately it was relaxed; and others in which boys were born after repeated births of girls before the treatment. In all, out of seven recorded cases, six were successful. He concludes that the nutrition of the mother plays a most important part in the determination of sex, and that in countries where much flesh is consumed there is a marked preponderance of male children. This can be imitated artificially, but it is far more important to insure the completeness of oxidation processes in the body. As long as the combustion of the food is perfect and the urine is totally free from sugar, the exact amount of meat consumed is of secondary importance. The birth of male children can thus, in certain cases, be predetermined, but the voluntary production of girls is a problem as yet unsolved.—(*British Medical Journal. Medical Review.*)

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HYPERACIDITY OF THE STOMACH AND ITS TREATMENT.

BY ELLIOTT P. JOSLIN, M.D., BOSTON, MASS.

Dr. Joslin, confining his remarks to Hyperchlorhydria, says: In the examination of the stomach contents attention has been chiefly directed to determining the absence or diminution of HCl, the condition usually present in gastric cancer. The determination of increased HCl, has not received sufficient attention, as it requires a quantitative test, and this necessitates apparatus and time. Einhorn says that in nearly one-half of all stomach patients hypersecretion is present. Reed considers it the most common gastric derangement in this country.

In order to explain the over-action of a gland we may presuppose agencies acting through the nervous system on that gland. For many years it was considered purely a neurosis; but of late the study of bits of mucous membrane obtained by washing out the stomach, has shown that some cases at least are due to changes in the stomach walls. Under functional nervous diseases, he refers to its frequent occurrence in hysteria and neurasthenia, also in neuroses of milder types among active business men, teachers, etc., where the irregularities in the hygiene of eating exert a great influence. Of the organic nervous diseases those of the brain and spinal cord fall into one class. Tabes is the most important of these, and where there is an excessive secretion of HCl, he is always on the lookout for increased or absent knee-jerks. The peripheral nerves give most satisfactory evidence of the direct connection between the nervous system and the hypersecretion of HCl, gastric ulcer affording an example; the accompanying hyperacidity in this instance being a result of exposure of the peripheral nerves at its base, or if the ulcer has healed, of the pressure exerted on the nerves by the scar. As to the stimulating effect of spices, foods, etc., the matter is still in the experimental stage. The most important factor of all in hyperacidity appears to be the motility of the stomach. Two postulates may be made from the accumulated clinical evidence: 1. In the overwhelming majority of cases of hyperacidity we have an atonic or dilated stomach. 2. Hyperacidity can cause a stenosis of the pylorus through a spasm of its muscles and so lead to dilatation of the stomach and stasis. Whether the hyperacidity or the dilatation is primary is hard to decide, but it seems probable that the dilatation causes the hyperacidity, because by its removal, either by medical or surgical means, the hyperacidity disappears. Dr. Hewes has shown that in this country after the Ewald test breakfast, the residue in the stomachs of healthy individuals was nearly twice as great as that obtained by European observers. This may show an American tendency toward diminished gastric motility and be a cause of our many hyperacidity cases.

Hyperacidity is a symptom, not a disease, still it has a special symptomatology of its own. Pain, varying greatly in degree, brings the patient to the physician. Typically it comes between meals, is described as dull, heavy, more rarely gnawing, not affected by pressure, usually localized, although it may extend to shoulders, or be so low down as to simulate appendicitis. The appetite is good. Belching is frequent and the gas is odorless. Vomiting occurs as result of underlying disease. Thirst is present in severe, absent in mild cases. The *decisive test* is its demonstration by examination of the stomach contents, and the results are so positive that one should pass the stomach tube in as routine a way as the surgeon gives ether to examine a fracture. The recognition of the underlying cause is not so obvious, but in the vast majority of cases will be disclosed by thorough study.

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The treatment consists in treating the *cause*. If a neurosis, conquer that; if an ulcer, the rules are definitely laid out for us. If disturbed motility, several methods of procedure are open. In general, anything that will build up the general condition will benefit the motor action of the stomach. Rowing and golf strengthen the abdominal muscles. Massage may empty the stomach and so be of value. Electricity was at one time thought to be of great use but the experiments of Metzler have shattered our hopes. In a medicinal way one drug stands out above all others, and as there is only one, it means that one is of value. Nux vomica, by the following method, gives remarkably good effect: Ten drops of the tincture three times a day, increasing one drop daily up to 20 to 30 drops t. i. d. The increasing doses have a mental effect as well as a medicinal effect on the patient. If this does not suffice, our resource is the stomach tube, but this is exhausting and a patient soon feels weakened by it. As the stomach absorbs no water, in severe cases thirst is troublesome, and this is best relieved by nutrient enemata of normal salt solution. That doctor is fortunate who can prescribe this for the first time to a patient who has been parched for days. Food is also absorbed extraordinarily well by the rectum.

As for the hyperacidity proper, Jurgensen has recently gone through the multitude of text-books, and his findings are worth noting. He begins with this sentence by Leube, "In the laying down of dietetic rules, this consideration I believe must be placed before all others, that for the diseased stomach, decidedly no better diet exists than rest." The over-stimulated function requires a sparing, quieting sort of treatment. The stomach appears normally to secrete HCl, until free acid exists in a certain per cent. in the stomach contents. To accomplish this after a proteid diet it must secrete more than after a carbohydrate one. Rationally then, an albuminous diet is wrong in cases of hyperacidity. This view has steadily gained ground in the last year as the literature shows. All acknowledge the good effect of proteids temporarily, and in the milder cases, the symptomatic treatment seems indicated rather than the rational. Yet Dr. Joslin says the proteid diet has given him satisfaction almost invariably when he has tried it. In giving carbohydrates, it must be remembered that the action of ptyalin is soon destroyed in the stomach, so that food in which the starch has been converted into dextrine is indicated, or we may give some form of diastase. The pain arising from the acid can be neutralized in various ways, the simplest of which is dilution, but we do not wish to increase the bulk in the stomach. Another means is to give diet which will combine with the excess, as the albuminous. Two or three eggs will combine with a pint of 0.2 per cent. HCl. Peptones have the power of combining with a greater quantity of HCl than the original proteids; it would seem rational then to give peptones. Frequent meals do not give that rest to the stomach Leube held to be so essential. The aim should be to give food in small bulk; such preparations as the malted milk tablets may be of service and as they are held in the mouth, sometimes they increase the alkaline saliva. Alkalies proper are of temporary use but are purely symptomatic; their action is promoted by combination with bismuth, and they should be given in large doses—grammes not grains. Whatever the diet or treatment, we should bear in mind that the marasmus of probably all stomach patients, except those with cancer, arises from the diminshed amount of food eaten. Your patient can get along without a stomach, but not without food.—(*Boston Med. and Surg. Jour.*, April 28, 1898.)

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SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

BOARD AND HAMMER.

This test for sugar-coated pills, which for months has furnished an interesting advertising cut, is suggestive indirectly of some causes for an evident increase among older practicians of a distrust in the therapeutic value of medicines. Incidentally, friability and solubility are not synonymous; and it requires a peculiarly constructed thumb to take the place of an ordinary hammer, when any coated pill is the object of attack.

For obvious reasons sugar uncombined is never employed as a coating for pills. Incorporated with acacia or tragacanth, with starch or Fuller's earth, according to the relative proportions of the several ingredients, the envelope resists the action of moisture for a longer or shorter time.

Early in our practice a patient passed by the bowel a sugar coated pill intact. Since then we have never ordered one of these armored cruisers without instructing either patient or nurse to cut a notch on opposite sides of the sphere down to the mass. Granules containing a small fraction of a grain have been excepted. In order to obviate the obstructive barrier of a possibly insoluble covering some ingenious pharmaceutical engineer contrived the compressed tablet, a device most inimical to intended results, deceptive to the physician, and dangerous to the patient.

Not long since in an alarming case of constipation, extending over

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two weeks, the attendant gave freely compressed tablets of the most active cathartic remedies; and when at last by mechanical means the passage was cleared, the pebbles were found unaffected either by the intestinal juices, if there had been any, or by the water that had been sent to their assistance.

More recently a physician ordered for his patient five-grain compressed tablets of acetanilid compound, at intervals of two hours until the skin should become moist. Nineteen were taken without effect, no bowel movement having occurred meanwhile, all of them thus evidently having been retained. A single tablet from the same lot was ordered crushed and dissolved in hot water, and before another was due, the temperature had fallen two degrees, and free perspiration had appeared.

Had the handful of compressed cathartic tablets lost their identity at once, or had the 19 compressed acetanilid tablets been simultaneously dissolved and absorbed, the result must have been necessarily disastrous.

A compact drug such as opium may be made into pills without coating, with the compression of the ordinary roller only, and under certain pathological conditions remain in the bowels undissolved.

Dr. J. S. Todd, of Atlanta, in *International Clinics* for April, 1898, reports in an autopsy of a case of dysentery, "Among other things revealed were 30 one-grain opium pills in the alimentary canal;" and he further remarks that, "So-called tolerance to drugs in a number of diseases is their non-absorption."

With the exception of ulceration of the stomach, opium should never be given in solid form, and then in a lightly rolled mass only.

Pills coated or uncoated, tablets whether triturates or compressed, should invariably be followed by a copious draft of hot water, sweetened if agreeable, or colored with a dash of tea. Even in an empty or dry stomach, or in one whose surface is covered with tenacious mucus, this mode insures solution, and so far favors absorption.

In determining the relation of drug action to results, it is essential to know: 1. Whether the remedy corresponds to pharmacopeial requirements. Theoretically this responsibility devolves upon the pharmacist. As between the dispenser and the prescriber that is true, but not absolutely as between the prescriber and his patient.

Trusting to the label of an original container, whether from the wholesale dealer or from the chemical laboratory, the druggist may yet fail to meet the expressed demand of the physician. Especially is this so in regard to unstable preparations, such as sulphurous acid, which is a saturated solution of the gas under pressure. Repeatedly here and

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elsewhere has this drug been dispensed on our prescription, from original bottles, which on inspection contained only slightly acidulated water from which the gas had escaped.

Spirits of nitrous ether, so largely and unwisely displaced by coal tar products, has suffered irremediable disrepute because of a similar lack of reliability. Duty to the patient demands that so far as possible the physician shall be sure that the remedies ordered are supplied. Whether solid or liquid, if assured as to its identity as the medicine desired, before condemning its apparent failure, be satisfied; 2. Whether in the form administered, it is soluble. Should this be evident, inquire, 3. Whether the patient's condition renders possible or probable, the absorption of any remedy other than one held in aqueous or pepsin solution. Many a stomach intolerant to every thing else will readily accept a remedy dissolved in some peptic elixir. Obstipation, and even mild constipation, as well as dysentery, are attended with insufficient gastro-intestinal secretion. High temperature with attendant rapid evaporation often induces a like condition. Having determined these three points, before the drug in question shall be classed as worthless, or at best unreliable, determine, 4. Whether, according to accepted therapeutic authority, it is clearly indicated in the case under observation.

Quite evidently this should be determined first, but, quite as evidently, very often is not. The scientific establishment of the self-limitation of infectious diseases, and the steady enlargement of the list of these, has singularly enough produced the opposite result from what might have been reasonably expected, viz., the treatment of effects rather than a sustained effort to remove or to counteract the cause; in illustration the very general employment of the cold bath in the reduction of high temperature. Believing that a given case will run so long, anyhow, it may be better to give an inert drug, from which nothing is to be expected that time unaided may not supply, than to assume the responsibility of giving something that may demand, on the part of the physician, as much attention as the disease.

Despite the achievement of recent pathological inquiry, therapeutic advance has been by no means insignificant. And the time has not yet come for the administration of drugs for mere psychic effect, nor yet for the transfer of the sick to saccharum lactis and the trained nurse.

VOLUME I, No 1, of two journals, came to our exchange table this month, viz., the St Louis Medical Gazette and the Medical and Surgical Monitor of Indianapolis. Each has an excellent editorial staff and gives promises of good things to come.

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COLLEGE COMMENCEMENT.

The eleventh class graduated from the medical college of the University of Southern California, at the Los Angeles Theatre, June 2nd. The audience was the largest ever present at the graduation exercises, the house overfilled to the gallery, parquet and balcony being crowded. Drs. J. H. Utley and Granville MacGowan delivered the addresses. There were 12 graduates, nine men and three women. The members of the class are: Titian James Coffey, of Peoria, Ill.; Henry Manning Cory, A. B., of Fresno; Herbert Allan Johnston, of Canada; John Galbraith Mackey, of Banning; Maud Aura Mackey, of Los Angeles; John M. McGarry, M. A., Los Angeles; Edward M. Pallette, Ph. M., Vernon; Clarence W. Pierce, Los Angeles; Evangeline Rowe Caven, Pacific Beach; Arthur M. Smith, Los Angeles; Curtice W. Welch, New Haven, Conn.; Kate Wilde, Los Angeles.

For the first time in the history of the college the prize awarded to the one passing the highest examination in Obstetrics by Dr. Moore, was given to a woman—Dr. Kate Wilde, a position attained, however, only after a close competition by the other members of the class.

THE NEW HOSPITAL.

The following 19 doctors are the incorporators of the new California Hospital, opened June 1st, 1898: F. K. Ainsworth, F. T. Bicknell, H. G. Brainerd, E. A. Bryant, F. D. Bullard, Geo. L. Cole, J. H. Davisson, H. Bert Ellis, John R. Haynes, W. W. Hitchcock, Carl Kurtz, Joseph Kurtz, Geo. W. Lasher, Walter Lindley, A. L. Macleish, M. L. Moore, E. R. Smith, C. F. Taggart, Wm. Le Moyne Wills. It is a modern building in all respects, lighted by gas and electricity, and heated by steam. There are two operating rooms. It is newly furnished with furniture made of special pattern for the hospital. All but three of the 70 rooms are sunny. Everything that can tend to the comfort or convenience of the patient or physician has apparently been thought of. The hospital can not fail to be appreciated by the medical public, and will be a pronounced success. It is already two-thirds full.

EDITORIAL NOTES.

DR. IDA LATHROP has located in Santa Barbara.

DR. W. F. PERRY, formerly of Perris, has located at Corona.

DR. R. J. P. BRUNSON, formerly of Norwalk, has removed to Fullerton.

DR. GEO. ABBOTT, formerly at Coronado Beach, has located in Pasadena.

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DR. LULA T. ELLIS has returned from an eight months' stay in Hawaii, very much improved in health.

THE Christian Hospital, formerly located at 2306 W. Ninth street, has removed to larger and greatly improved quarters at 1022 S. Flower street.

WE are pleased to note the election of Dr. W. V. Whitmore (Med. Dept. U. S. C. '90) as president of the Arizona Territorial Medical Association for 1898.

AT the last meeting of the Pomona Valley Medical Society, Dr. T. S. Covernton, of Ontario, read a paper on Typhoid Fever, going into the details of causation and sanitation.

AT the regular meeting of the Pasadena Medical Society, Dr. S. P. Swearingen read a paper on "Abortion." Drs. George Abbott and J. H. McBride were elected to membership.

THE following Los Angeles physicians attended the Denver meeting of the American Medical Association: Drs. Norman Bridge, Geo. L. Cole, R. W. Miller, W. L. Wills and H. Bert Ellis.

THE College Training School for Nurses graduated June 4, a class of five. The address, on behalf of the faculty, was delivered by Dr. Geo. L. Cole. The conferring of diplomas was made by Miss M. F. Wills.

WANTED—A retired physician with small means can have a five room house, rent free, on Mexican ranch 100 miles south of San Diego, near the sea. Climate good. Fifteen-acre orchard and vineyard and other farm land on shares if desired. Opportunity for practice at $500 a year. For conditions apply at Room 245, Bradbury block.

THE Seventeenth Annual Meeting of the New Mexico Medical Society was held at Las Vegas on June 4th. The new officers elected were: President, S. D. Swope, Deming; first vice-president, E. B. Shaw, Las Vegas; second vice-president, J. H. Wroth, Albuquerque; third vice-president, Wm. C. Bailey, Hot Springs; secretary, G. A. Wall, Albuquerque; treasurer, C. G. Duncan. The next place of meeting was fixed at Albuquerque, in May, 1899.

THE Trustees of the Bellevue Hospital Medical College have voted to complete the consolidation of that college with New York University, under the title of "The University and the Bellevue Hospital Medical College." The faculty will consist of Dr. Edward G. Janeway, Dean, and seven professors of the former university, medical faculty, and 21 professors and adjunct professors of the former Bellevue medical faculty, together with such additional professors as may hereafter be appointed.

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THE high mortality of Los Angeles is misleading. The health officer says: "We call attention to the following figures: Of the 142 deaths reported this month, 26 were natives of the city, and 19 of the three Pacific Coast states outside of Los Angeles city, leaving 97 from other parts. Of the 142 deaths 115 have lived here less than 10 years. There were 25 deaths from pulmonary consumption, divided as follows: Natives of Los Angeles, 0; natives of the Pacific Coast outside of Los Angeles, 5; from other parts, 20; of the 25 deaths 19 have lived here less than 10 years, and 9 of the 19 had lived here less than six months."

BOOK REVIEWS.

PICTURESQUE CUBA AND OUR NAVY. Reproductions of Photographs with Graphic Descriptive Text. 112 Full-page Half-tones (with a very few exceptions from special photographs). Chicago. Belford, Middlebrook & Co. 1898. $3.00.

At such a time as this it is to be expected that the country would be flooded with pictorial atlases representing such topics as the American navy and Cuba. Most of these are ephemeral, and of low artistic work. In the Picturesque Cuba, of Belford, printed by Rand, McNally & Co., there is a marked divergence from every day cheapness, there is also an an artistic selection of views and a nicety of finish that will render the collection of even more interest when the present war with Spain shall have passed into history. Of course, now most anything goes, but it is just as well, and a great deal better, to get something which will be of value a decade hence, than to buy that which is of no intrinsic value. There are many views in and about Havana, Matanzas, Cienfuegos and Santiago de Cuba, also all the vessels of our new navy, and numerous illustrations of the ill-fated Maine, both before and after the explosion. Each illustration is accompanied with a terse foot note, that carries the information so eagerly sought by the public. The collection also contains two excellent maps, one of the Phillipines and the other of the Spanish West Indies.

THE SURGICAL COMPLICATIONS AND SEQUELS OF TYPHOID FEVER. By Wm. W. Keen, M.D., LL.D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia, etc. Based upon Tables of 1700 Cases Compiled by the Author and by Thomas S. Westcott, M.D., Instructor in Diseases of Children, University of Pennsylvania, with a Chapter on the Ocular Complications of Typhoid Fever by Geo. E. de Schweinitz, A.M., M.D., Professor of Ophthalmology Jefferson Medical College, and as an Appendix the Toner Lecture No. V. Philadelphia. W. B. Saunders, 925 Walnut St. 1898. $3.00.

This book is one of the most instructive contributions to medical literature that this year has produced. It has a field exclusive to itself, it is absolutely original, and is thorough and exhaustive in the treatment of the subject. It, indeed, is a monument to the authors, and an example of painstaking research that cannot fail to hold ever an honorable position in American medical literature. When one recalls the many surgical complications and sequels of this, the most common of all acute maladies, the great value of the work will be apparent. It is by no means limited to intestinal perforation, which is discussed in 36 pages, but devotes ten times as much space to the varied and more common complications that can be releived by surgical interference. The general practitioner should have this volume, everyone who has to battle with typhoid fever that is endemic everywhere in the United States and is the fever in Southern California, ought to have at hand the best that is written on the subject. The book treats of gangrene, abscesses, hematomata, glandular joint and bone affections, visceral complications, cerebral and ocular manifestations and other specific infections in typhoid.

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 *May, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Cauc'sian	African	Mongol
Deaths from all causes	142	16.54	82	60	26	19	57	40	131	7	4
Deaths under 5 years	28										
i. Specific infectious diseases	24	2.79	12	12	10	4	9	1	23	1	
ii. Diseases of the digestive system	10	1.16	7	12	5	3	6	5	17	1	1
iii. Diseases of the respiratory system	33	3 84	16	17	2	7	15	9	31	2	
iv Diseases of the nervous system	13	1.51	9	4	4	1	4	4	12	1	
v. Diseases of the circulatory system, blood and ductless glands	12	1 39	10	2		1	3	8	10		2
vi. Diseases of the genito-urinary organs	9	1.05	7	2			7	2	9		
vii. Constitutional diseases	11	1.28	6	5	3	2	3	3	9	1	1
viii. Intoxication, violence, accidents	12	1.39	11	1	1	1	7	3	11	1	
ix. Miscellaneous diseases	9	1 05	4	5	1		3	5	9		
i. Septicæmia	2			2			2		2		
Pyæmia	1		1		1				1		
Diphtheria	5		3	2	3	1	1		5		
Erysipelas											
Typhoid fever	3		3			1	2		3		
Malarial Fever											
Scarlet fever											
Measles											
Pertussis	2		1	1	1		1		1	1	
Cerebro-Spinal Meningitis	8		3	5	5		2	1	8		
Small Pox											
Tuberculosis	3		1	2		2	1		3		
Influenza											
Dysentery											
Syphilis											
Tetanus											
Carbuncle											
Anthrax											
ii. Diseases of the Œsophagus											
Gastritis	1		1				1		1		
Gastro-Enteritis	3		1	2	2		1		2	1	
Cholera infantum	1		1		1				1		
Peritonitis	3			3			2	1	3		
Entero-Colitis	4		2	2	1	1	1	1	4		
Appendicitis											
Typhilitis											
Intestinal obstruction	4		1	3	1	2	1		4		
Diseases of the liver	3		1	2			1	2	2		1
iii. Membranous Croup											
Bronchitis	2		1	1	2				1	1	
Pneumonitis	6		2	4		2	1	3	6		
Pleuritis											
Phthisis	25		13	12		5	14	6	24	1	
iv. Diseases of the brain	12		8	4	3	1	4	4	11	1	
Diseases of the spinal cord											
Neuritis											
Eclampsia	1		1		1				1		
Epilepsy											
Neurasthenia											
v Diseases of the Heart	10		9	1		1	2	7	8		2
Degeneration of the Arteries	1			1			1		1		
Aneurism	1		1					1	1		
Anæmia											
Diseases of the Ductless Glands											
vi. Uræmia	3		2	1			3		3		
Acute Bright's Disease											
Chronic Bright's disease	3		2	1			1	2	3		
Nephritis	3		3				3		3		
Diseases of the Genito-Urinary Organs											
vii. Rheumatism											
Diabetes	2		2				1	1	1		1
Inanition	4		2	2	3	1			3	1	
Senility and Asthenia	5		2	3		1	2	2	5		
viii. Alcoholism	4		4			1	2	1	4		
Suicides	3		3				3		3		
Violence and Accidents	5		4	1	1		2	2	4		1
ix. Tumors—malignant	7		3	4			2	5	7		
Tumors—non-malignant	1			1			1		1		
Other diseases	1		1		1				1		

L. M. POWERS, M. D., Health Officer.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of May, 1898.*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	61	49	55	.29
2	62	49	56	0
3	63	46	54	0
4	64	54	59	0
5	70	50	60	0
6	74	49	62	0
7	65	53	59	0
8	70	55	62	0
9	70	49	60	0
10	75	48	62	0
11	80	50	65	0
12	72	50	61	0
13	70	53	62	0
14	65	52	58	0
15	61	51	56	1.46
16	61	46	54	0
17	66	50	58	0
18	63	53	58	0
19	64	53	58	0
20	72	50	61	0
21	73	51	62	0
22	70	51	60	0
23	69	49	59	0
24	79	50	64	0
25	77	52	64	0
26	73	50	62	T
27	70	55	62	0
28	72	51	62	0
29	72	51	62	0
30	72	55	64	0
31	72	50	61	0
Mean	74	51	63	....

SUMMARY

MONTHLY RANGE OF BAROMETER:

Mean Atmospheric Pressure, 29.95.
Highest pressure, 30.10, date 16.
Lowest pressure, 29.82 date 15.
Mean Temperature, 60°.
Highest temperature 80°, date 11.
Lowest temperature 46°, date 3, 16.
Greatest daily range of temperature 30°, date 11.
Least daily range of temperature 10°, date 18.

MEAN TEMPERATURE FOR THIS MONTH IN

1878		1885	66°	1892		62°
1879	62°	1886	65°	1893		63°
1880	63°	1887	64°	1894		60°
1881	64°	1888	63°	1895		64°
1882	64°	1889	63°	1896		63°
1883	64°	1890	63°	1897		63°
1884	63°	1891	62°	1898		60.

Mean temperature for this month for 20 years, 63°
Average deficiency of daily mean temp. during month 2°
Accumulated deficieucy of daily mean temp. since Jan. 1, 12°
Average daily deficiency since January 1, less than 1°.
Prevailing direction of wind, W.
Total movement of wind, 3431 miles.
Maximum velocity of wind, direction, and date, 15m, W., 20.
Total Precipitation, 1.75 inches.
Number of days with .01 inch or more of precipitation, 2.
Mean Dew Point, 50°
Mean Relative Humidity, 77 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881	.01	1887	.20	1893		.06
1882	.63	1888	.02	1894		.20
1883	2.02	1889	.62	1895		.19
1884	.34	1890	.03	1896		.30
1885	.06	1891	.31	1897		.10
1886	.00	1892	2.06	1898		1.75

Average precip'n for this month for 20 years, .43.
Total excess in precipitation during month, 1.32 inches.
Total precipitation from Sept. 1897, to date, 7.06 inches.
Average precipitation from Sept. 1 to date, 17.15 inches.
Total deficiency from Sept. 1, 1897, to date, 10.09 inches.
Average precipitation for 7 wet seasons, 25.97 inches.
Number of clear days 8, partly cloudy days 18, cloudy days 5.
Dates of frost, none.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., MAY, 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cld'y	WIND Direc-tion	Total Mov't
Los Angeles	60.	80.	46.	29.95	77.	2	1.75	8	18	5	W	3,431
San Diego	57.	69.	51.	29.96	77.	7	.60	24	2	5	NW	4,427
Santa Barbara	58.3	79.	44.		72.	1	1.25	21	3	7	W	3,721
Yuma	74 2	103.	49.					27	2	2		
Riverside												
N. Ontario	57.4	86.	40.				2.75					
San Bernardino	61.8	94.	41.				1.08				W	
Pasadena	70 3	90.	52.				1.35				W	
Redlands	66.0	88.	50.				1.00				W	
Santa Ana	64.0	87.	50.				.37				SW	

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane, Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal

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OUR ADVERTISERS.

AN INTERESTING ENGRAVING.

There has just been issued a handsome engraving of an old painting of the first meeting of the Medical Society of London, which was held in 1773, and it contains portraits from life of the most prominent of the original members.

Among those represented are: Edward Jenner; William Saunders, whose work on "Diseases of the Liver" was the authority for many years; John Aikin, a noted miscellaneous writer and the publisher of a "General Biography;" William Babington, author of a "New System of Mineralogy" and one of the founders of the "Geological Society;" Thornton, author of a "Philosophy of Medicine;" Edward Bancroft, a naturalist; Robert Hooper, who published a "Medical Dictionary;" and a number of other famous men of their day.

As this was probably the first medical society on record and was the predecessor of the British Medical Society, the engraving represents an event of much interest to every member of the medical profession, and should prove an attractive addition to the walls of the office or home.

A copy will be mailed to any physician applying for it, by the proprietors of the Tongaline preparations, the Mellier Drug Company, No. 2112 Locust street, St. Louis.

OLD REMEDY—NEW USES.

There are very many important uses for Antikamnia, of which physicians, as a rule, may be uninformed. A five-grain Antikamnia tablet prescribed for patients before starting on an outing, and this includes tourists, picnickers, bicyclers, and in fact, anybody who is out in the sun and air all day, will entirely prevent that demoralizing headache which frequently mars the pleasure of such an occasion. This applies equally to women on shopping tours, and especially to those who invariably come home cross and out of sorts, with a wretched "sightseer's headache." The nervous headache and irritable condition of the busy business man is prevented by the timely use of a ten-grain dose. Every bicycle rider, after a hard run, should be advised a bath and a good rub down, and two five-grain Antikamnia tablets on going to bed. In the morning he will awake minus the usual muscular pains, aches and soreness. As a preventive of the above conditions, Antikamnia is a wonder, a charming wonder, and one trial is enough to convince.

SYPHILIS.

When a patient presents himself for treatment, he should be placed upon the following recipe (which fully meets all indications), until the symptoms disappear, his appetite is improved, and a general feeling of vigor and activity exists:

R. Hydrarg. Bi-chlor.....2 grains.
Iodia..... 6 ounces.
M. Sig.....One teaspoonful after each meal.

Iodia is prepared by Battle & Co., St Louis, and contains extracts from the green roots of stillingia, helonia, saxifraga and menispermum. Each fluid drachm also contains five grains iod. potass. and three grains phosphate of iron. The tendency of the profession is too much towards discarding everything but mercury. I have often seen mercury alone, or combined with iod. potass. fail to heal secondary ulcerations, which speedily disappear when combined with vegetable alteratives. It is, therefore, best to have the good effects of the only three reliable remedies at once, viz., mercury, iodide and vegetable alteratives (which

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is obtained in the above prescription). Lectures on venereal diseasess, by W. F. Glenn, M. D. Clinical Professor of Genito-Urinary and Venereal Diseases, Medical Department Vanderbilt University.—*Southern Practitioner*, May 1898.

PREVENTION OF UTERINE DISEASE.

Gonorrhoeal infection is now generally considered as one of the most important causes in the development of diseases of the female genital organs. The starting point is usually a gonorrhoeal process in the vagina, which, extending upward into the uterus and tubes, give rise to endometritis, salpingitis, ovarian disease and peritonitis, and other serious lesions of the generative organs. For this reason the treatment of the primary vaginitis in as thorough manner as possible becomes of paramount importance. According to many practitioners, copious irrigation of the vagina with hot water and the use of Micajah's Medicated Uterine Wafers is the most efficient, agreeable and covenient method of accomplishing this. These wefers are not only strongly antiseptic, destroying the gonococcus, but astringent and alterative, subduing inflammation and promoting a rapid return to a healthy state. [Write Micajah & Co, Warren, Pa., for samples.—Editor].

SANMETTO IN CYSTITIS, PROSTATITIS AND IRRITABLE BLADDER.

I have been using Sanmetto in my practice for two or three years. I have used it in a great many cases of cystitis, prostatitis and in all cases of irritable bladder, with the most gratifying results.

R. T. HOCKER. M. D.
Arlington, Ky. Ex. Pres't So. Western Ky. Med. Assoc.

The action of Senna combined with figs is to slowly but effectively evacuate the lower bowels and rectum. This it does without undue liquefaction of the stools, leaving them in a formed condition; thus daily exercising the muscular activity of the lower intestinal tract, ultimately enabling it to do its own work. CALIFORNIA FIG SYRUP is preeminently a laxative and not a cathartic. Abundant clinical experience has shown that it does not become progressively inefficient and will not enslave the condition of the bowels so that chronic constipation supervenes. This is an objectionable feature to many other cathartics and laxatives.

The purpose of CALIFORNIA FIG SYRUP is to coax and not to coerce nature and it is the opinion of practitioners generally that it admirably fulfills this function.

JOS. WESLEY MALONE, M. D., Blythedale, Pa., says: I am so well pleased with CELERINA that I cannot refrain from citing several cases of interest. I prescribe it very frequently, and have never had it to fail yet. I used it in a case of chorea. The patient was a little girl, ten years old, suffering from an acute attack. The case had been given up by two physicians and was a very bad one. The usual remedies, phosphorus, arsenic, etc., had been used and had no great effect. I advised the attending physician, an old practitioner, and a good one too, to try CELERINA. He did not take much to the idea, but after urging him he consented, and the first dose gave relief. From that time, the child got better, and in about four weeks was cured. It acted like a charm, and the old physician who had never used it, was so well pleased, that I am sure he will try it again. I have prescribed it in nervous prostration, and have yet to find it to fail. It is pleasant to take, and produces no nauseating effects, as other remedies do when used for some time. I frequently prescribe it with ALETRIS CORDIAL, and it also goes well with Peacock's Bromides. I shall continue to prescribe it, and shall watch its merits closely.

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SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

ADDRESS.*

BY GRANVILLE MAC GOWAN M. D., LOS ANGELES, CAL., PROFESSOR OF DISEASES OF THE SKIN AND GENITO-URINARY ORGANS, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

Members of the Graduating Class of '98:—After acting for four years as your teacher, I am now honored by you as a mentor. You have chosen me to address the last remarks to you as students; the first as physicians. May the words I speak to you, tonight, be of future cheer to you, lighten the burden of your days, help you to avoid pitfalls for the careless and unwary, and guide you in your hours of doubt.

You noticed in the examinations I made, testing your fitness to attain the degree of the doctorate of medicine, the continous trend of my effort was to discover whether each of you had formed for himself the habit of independent thought. This is the firm footing upon which success is built. Pleasing manners, gentle and winning speech, grace of carriage and quickness of wit, will give to the young physician a rapid growth of clientele and much income for a decade. But as years go by, the crowded list of his friendly partisans is thinned by death, by the separations incident to occupation, and by the inevitable enmities arising out of unsatisfactory services, and at the crown of life, such an one often sits deserted or is obliged to cheapen the price of his ministrations so that he may have bread to eat, in dissapointment and shoddy raiment, to cover a bitter heart.

Happy is he who can combine with grace of speech and mien, earnestness of purpose, fixedness of thought, power to endure physical hardships, and the will force to enslave an unwilling body to an indomitable mind. This is the man to rise above his fellows—the man who makes new pathways to be trod by disciples.

*Delivered at the Commencement Exercises of the College of Medicine, Univ. of Southern California, June 2, 1898.

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This man becomes more sought for and more valued as the years go by, and his consultations rooms are emptied only by his summons to join the unnumbered dead. Most frequently the paralysis of unthinking is the induced effect of a kind of hero worship in the embryo doctor. I have noticed that young medical people are divided into two classes; one timid, fearful, afraid to soar for fear of falling; the other assertive, fully feeling that it has the best pair of wings ever sprouted, flies away like—to find them wax and take a tumble. There is no necessity that you should belong to either class. The public does not know your qualifications or your lack of them. In general, the public, I am sorry to say, in the matter of doctors, is like a pleasure-loving wench, to whom all coons look alike.

So, on the one hand, do not be overcome by fear, but reason your way out of your trouble, and upon the other do not assume that you are the great and only medical authority, with a monopoly of the cure of ills, for you will but be laughed at for your pains. Be not unduly impressed with your own importance, and the greatness of your wisdom. Look over the pages of history, and see how few names of those who healed the sick are remembered at all. Who were the vast horde of wise men who practiced medicine in New York thirty years ago, or in London a century back? No one knows. Dead, and all forgotten, and so will you be also. No man, old or young, knows everything in medicine. The field is too vast. Some know many things well, and some but few. But almost everyone can teach you something, and be sure when the opportunity offers, to humbly learn that something, and uncover to your master. There are many things to learn to do better than they are now done.

At twenty, humble, ignorant, dazzled by the white light, reflected from the vast field of knowledge, I believed that all had been accomplished in our art. Nothing remained to be done. But into the 20 years that have since passed, have been crowded all those discoveries and improvements in method of operation, which make of surgery the triumphant science it is today. And in these closing years of the greatest century of intellectual accomplishment we have celebrated many better and more merciful methods of the treatment of the sick and the staying of the ravages of disease, before believed to be beyond remedy.

Remember, you can always do whatever any one else has been able to do under similar environments. You need no great teachers. You can make your opportunities and act as your own teachers, But you do need books. In choosing your books, select them as you would your friends; for their good qualities. Prefer always, monographs, written by busy men who have something to tell and give your preference to those who tell their story well. You need cases also. The books give you the experience of others—the cases give you an opportunity to apply book knowledge and so make of it your own experience. Be persevering in attaining knowledge and be patient in practicing it. Let no sign or symptom about your case, however small or trivial it may seem, escape you. It is of a vast multitude of atoms that the universe is constructed; and diagnostic skill and therapeutic accuracy is nothing but the consummate arrangement by a master-mind, of an almost infinite array of little things. Grasp all knowledge within your reach, earn it, buy it, beg it, borrow it, steal it—be a pirate, if necessary to attain it. Take useful ideas and experiences from friend or foe alike, and keep them stored for future use. Always live and work on as if you were condemned to live forever and were never to be allowed to cease working. Always have a careful consideration for the opinion and the right of your fellows, and if your work brings to you the measure of success to which you are entitled, be not blinded by the advantage of the present, for the world is full of wrecks of

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those who have sacrificed honor, personal respect and friendship upon the altar of present profit.

You have goods for sale, but you are not merchants. Your stock in trade is your knowledge of human nature and the remedies for its diseased conditions. Preserve carefully the relations of pure business with your patients. Make each person you treat contribute something either to the account of your living or to your fund of knowledge. Collect from the rich the unpaid accounts of the poor, so that you may have time for charity. Let no unguarded word betray the secrets of those who have trusted you, perhaps with the story of their shame, and cling closely to the privileges of your class, so that no court, inquisitorially inclined, or bullying attorney, may extract from you knowledge deterimental to your client, obtained professionally. More, never entertain the thought of such an action, even should the individual most concerned have proven undeserving of shelter, and ungrateful.

Do not make the mistake so common in the medical mind, that because one happens to employ you for once, or for many times to alleviate his suffering or to cure his disease, that you have acquired thereby any kind of titular right as his permanent adviser in medical matters. You do not own him. The relation is purely a business one, and may be broken by either party at will at any time and neither should feel offended but be satisfied by the observance of the ordinary business courtesies of the presentation and payment of the account.

There is no law to compel you to attend the sick who have no means to pay you for your trouble, and there is no reason why you shall attend them to your own detriment. When your services are demanded and you are doubtful about the ability of the applicant to pay your fee, ask a few plain questions and establish your relations. If told promptly and honestly that the person cannot pay at all, never refuse to give the services asked for, unless you are sick yourself, for these are God's poor, and they must be cared for. Again, there are those who have been set upon along the path of life by disease and unavoidable misfortune, who lie by the wayside moaning, but too weak or too proud to ask assistance. When you discover these people, be truly a Good Samaritan to them. Their gratitude and your sense of duty fulfilled, will be a sufficient reward. But to those who, under the guise of poverty would secure from you your time and your skill, nay, frequently your money also, able to pay something but unwilling to pay anything, assiduous in their demands of you when they are ill, and contemptuous of your demands afterwards, be as barren and as hard as flint, for they are the devil's poor, and the sooner they are gathered to their master, the better it is for those who are left.

Remember you have voluntarily chosen a life filled with danger to yourself and to those who are dear to you. It is not wise for you to wilfully court your destruction by reckless exposure to fatal contagion, but whenever in the course of your duty such exposure becomes necessary, let not the blanched cheek of fear face you in your mirror. There is no God but He who rules the universe and His Son was not a coward.

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THE DUTIES OF THE PHYSICIAN TO THE PREGNANT PATIENT.*

BY M. L. MOORE, M.D., LOS ANGELES, CAL.

My aim in bringing up this subject is to emphasize the necessity of attention to certain vitally important details too often neglected by the over-worked physician in active practice. When we consider the unusually grave responsibility resting upon us in this class of cases—the fact that *two* lives are dependent upon our care and thoroughness in ascertaining the previous history of the patient, her present condition, and the probability or even possibility of her safe passage through the ordeal of parturition—we must recognize the importance of an exhaustive search for pathological conditions that may be regarded as danger signals, and we may not claim innocence should any untoward results follow upon the omission of the closest scrutiny from our initial investigation and later examinations of *every* factor that may interfere with the successful conduct and happy termination of the case.

You must acknowledge that when the patient presents herself, pregnant probably for the first time (for in my experiece there are few second babies nowadays), and places herself under your care to be piloted through the puerperal state, a most important obligation is laid upon you, requiring that you must carefully study the conditions and determine if she be healthy—free from any organic disease or malformation that might endanger her life during gestation or in confinement. And not only is this a *sine qua non* but a solicitous watchfulness must be continuously observed from the beginning of pregnancy up to the time of accouchement, in order that no adverse conditions that may arise shall have opportunity to jeopardize the patient. It is not sufficient to make a careful examination when first notified that your services will be required some months hence. Frequent examinations are imperative if the patient is to have the best chance.

The first step, of course, when the patient alleges or suspects pregnancy, is to determine that fact. The changes in the organism following conception are many and marked, and while some of them are simulated in other conditions than pregnancy, and while no one of them should be accepted as an infallible guide to diagnosis, there are some that, when simultaneously present, are not liable to mislead. During the early months it is difficult and sometimes impossible even, when the fullest examination has been allowed and all our resources have been exhausted, to diagnose a pregnant condition, but diagnosis becomes easier as the time advances.

When the diagnosis of pregnancy is made, our next duty is to obtain the patient's history from girlhood as to her general health, and to ascertain whether or not she has ever suffered from disease that may have weakened any organ. When the patient first presents herself we should inspect her general development to determine whether she is well nourished, or if there be a condition of faulty nutrition. We should notice her walk and carriage, as a pelvic deformity would, in many of the varieties, produce a peculiar walk characteristic of that deformity. We should also take careful note of the condition of the skin—the complexion—whether pale or ruddy, this being a valuable index to the health of the patient.

The heart, lungs and kidneys must be carefully and systematically examined. Owing to the additional strain put upon the heart during pregnancy, it is plain

*Read at the Twenty-first Semi-Annual Meeting of the Southern California Medical Society, held in Santa Barbara, May 3 and 4, 1898.

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that an organ weakened by disease is liable to fail either during the course of the pregnancy or at parturition. There is a great increase in the quantity of blood pumped through the circulation during pregnancy, and at confinement the strain is augmented by the action of the voluntary muscles that are brought into play. The lungs should next claim our attention, the presence of tuberculosis—especially if advanced—being a grave source of danger. It is of great importance to detect any abnormal condition of the kidneys—chronic nephritis or Bright's disease. A careful chemical and microscopical examination of the urine is necessary to determine this condition, and a neglect of this precaution is criminal. I have emphasized the necessity for the examination of these organs for the reason that the life of the patient during the most critical period of her life may depend on their soundness. If they are in a healthy condition—other things being equal—she has a fair chance. If diseased, there is great danger, and the diseased condition may be so grave that the danger to her life may make it our duty to interfere and terminate the pregnancy.

Last, and quite as important as any, is the examination and measurement of the pelvis—known as pelvimetry. The importance of this branch of obstetrics cannot be too emphatically dwelt upon, as even when all other conditions are favorable, an aggravated condition of dystocia may make it utterly hopeless that delivery may be accomplished with safety to both mother and child, and the lives of *both* may be sacrificed through ignorance of the actual conditions early in the pregnancy. The earlier a perfect knowledge on this point be obtained the better for the patient.

It is my practice in every instance where I am engaged in a labor case to examine by external and internal pelvimetry the diameters of the pelvis. The necessity or importance of this examination may not be apparent in cases where the patient gives a history of normal labor or labors, but in the patient pregnant for the first time—inasmuch as there are many pelvic contractions not evident from external appearances, and as many of the minor contractions may exist without causing any abnormality in walk or bearing—it is only by actual measurement that the diameters can be *known* to be normal.

As a rule the intelligent woman or the woman who has had trouble in previous labors, engages the physician early in the pregnancy, giving an opportunity to make the examination in time to be of benefit; but the primapara of less intelligence does not, in many cases, call in the physician until late in the progress of pregnancy, and this mistake is made by those most subject to pelvic contractions, *i. e.*, the poor and ill-nourished, our duties being thus made more difficult.

It takes but little time to make this pelvic examination, the woman is not exposed, and we will certainly add to our reputation as scientific and careful practitioners if we show a desire to familiarize ourselves with all the conditions that may influence the pregnancy or confinement. It will not do to examine a case here and there—a small percentage of the cases presenting themselves. It is only by making it a routine practice to examine every pregnant patient, that we can acquire the expertness required in this most important branch of obstetrics. It is a well known fact that it is only by constant practice and by a careful study and consideration of what is revealed by the sense of touch in a gynecological examination, that the position, size and consistence of tumors, or the pathological condition of normal tissues or appendages may be accurately determined. So it is with the obstetrician; it is only the careful examination—external and internal—of each and every case, that will give the necessary expertness in the use of the pelvimeter and confidence in our measurements.

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For making the external measurements I generally use the Martin pelvimeter. It is an instrument that can be taken apart and carried in the obstetrical bag. The scale can be easily read and the diameters determined, but as certain deductions must be made for thickness of bone and tissue, the results are not absolutely reliable, and internal measurements must be made to insure absolute accuracy. The external diameters of importance are obtained by measuring the distance between the anterior superior spines and between the crests of the ilium, and between the trochanters—to determine the transverse diameter, and to get the conjugate diameter (which is of the greatest importance, for we know that as rotation takes place, the shortest diameter of the fetal head must pass this diameter, and from the fact that we know that if we have a normal antero-postero diameter, we may be reasonably sure the other diameters are of sufficient size for the birth of the fetal head), the measurement is taken from the middle of the symphysis pubis to the spinous process of the last lumbar vertebra. The following measurements, given by Grandin and Jardin—whose work on obstetrics I consider as of the most practical value to the general practitioner—may be taken as the average:

Distance between spines,	10 to 10¼ inches.
Distance between crests,	10½ to 11 inches.
Distance between trochanters,	12 to 12¼ inches.
Conjugate	8 inches.

And, as agreed upon by all authors, it may be generally stated that a deduction of three inches from this measurement will give us the true conjugate of the inlet of the pelvis.

It is essential, however, that these external measurements be checked by internal measurements. The hand of the accoucheur is the best instrument for internal work, though there are instruments made for this purpose. This work should not be neglected. Both pregnant and non-pregnant women should be examined in order that we may perfect ourselves in this branch of obstetrics.

The best method of getting the true conjugate is to ascertain the diagonal conjugate, which is accomplished by inserting the index and middle fingers into the vagina (the rectum and bladder having been first emptied), and the promontory of the sacrum sought for. The hand is carried up until the radial side of the forefinger comes in contact with the under side of the symphysis. This point being noticed, the distance between the tip of the second finger, resting on the promontory, and the point marked on the index finger is measured. This gives the diagonal, and to obtain the true conjugate one-third to one-half inch is deducted.

In searching for the promontory of the sacrum we must be careful to differentiate this from the body of the last lumbar vertebra in cases of slight dystocia (as in the spondylo-listhetic pelvis), which forms a false promontory anterior to and below the true promontory.

I have been led to dilate thus far on the importance of pelvimetry by the fact that during the past year it has been my fortune (or misfortune), to be called in consultation in two cases of dystocia, one being a *justo minor* pelvis, in which all the diameters were diminished, and the other a flat pelvis. In both of these cases, owing to the length of time the patients had been in labor, it was impossible, in the interests of the mother, to do any operation that would save the child, which in both cases had to be sacrificed. In either case, had early pelvimetry been practiced and a scientific knowledge of the pelvic diameters obtained, the induction of premature labor would have been seen to be the correct course and both children might have been saved; or, if the attending

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physicians had, early in the labor, carefully searched for the reason of delay in the descent of the presenting parts, and before the exhaustion of the patients had progressed too far, some of the obstetrical operations might have been performed (symphysiotomy in these cases would have been the ideal operation as there existed no ankylosis between the ilium and sacrum), thereby increasing the conjugate diameter half an inch and the transverse diameter an inch and a half, making delivery possible without mutilation of the fetus.

In making the pelvic examination when the patient first presents herself, or at the earliest possible opportunity, and prior to taking the pelvic measurements as described, we should first note the position of the uterus—whether retroverted—as it is well known that a retroverted pregnant uterus, if not corrected, may, from the presence of adhesions or from the pressure of the promontory of the sacrum, be prevented from rising up out of the pelvis and become impacted when that stage of development has been reached—usually the third month—and abortion results.

Again, at this examination we may be able to determine the presence of an extra-uterine pregnancy. We know that in many cases no symptoms of this pathological condition exists, the patient believing herself normally pregnant and there being nothing to direct attention to the existence of this condition until rupture takes place and the patient is in the gravest danger. This possibility is an additional reason for a thorough examination.

Also the existence of tumors—ovarian or fibroid—complicating pregnancy, may be discovered at this examination, and appropriate action taken.

Returning to the examination of the organs upon which extra strain will be put during pregnancy and at confinement, I wish to impress upon you the necessity of *constantly* watching the action of the kidneys through the entire progress of gestation. From the beginning of pregnancy up to the middle, the urine should be examined once a month. After the seventh month once in ten days. The importance of this frequent examination of the urine must be always kept in view by the attending physician for, though it is true that the normal variation, both as to concentration of the renal secretion and an increase in quantity and decrease in specific gravity, as noticed in nervous patients is great, it is sufficient ground for careful supervision of the patient. Although the question of the *origin* of these functional disturbances furnishes much matter for discussion and difference of opinion, the clinical fact remains that pregnant women are particularly subject to renal complications which give rise to the most serious results. The approach of this danger is heralded by the appearance in the urine of casts and albumen, but it is a fact that in cases of nephritis albumen may never be found unless frequent examinations be made, and even then only in minute quantities. The tense pulse, lessened amount of urine and headache are more important from a diagnostic point of view, than the presence of albumen.

A further class of cases we meet with are women who, in the history taken at the first meeting with the patient, furnish evidence of the existence of a nephritis in a former pregnancy. In these patients the danger of a return of all the former symptoms is great, and care must be exercised if the albumen and casts increase and evidence of uremia becomes more pronounced in spite of treatment. It may become our duty, after due consultation, to immediately interrupt the pregnancy.

ADVICE TO PATIENT.

After the physical examination has been carefully conducted and the patient has been declared normally pregnant; possessing a normal pelvis, free from organic disease or lesions that would render parturition dangerous, and in physi-

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cal condition making it safe to permit the pregnancy to continue, she should be given positive ideas as to the care necessary to be observed in order that she may reach the termination of the ordeal in the best possible condition. She should be regarded by her physician somewhat as the trainer of an athlete regards his charge—as one about to undergo a great strain, muscular and vital, and the aim should be to make her "fit" as the trainer phrases it. Every organ, every function, should be at its best when called upon to endure the supreme trial. The muscles should be strengthened by judicious exercise, the lungs and heart given work enough in God's free air to prevent them from growing lazy, the skin and bowels kept busy so that the kidneys be not overburdened in carrying off the waste and the mind kept cheerfully occupied in order that no morbid nervous conditions may have opportunity to depress the vitality of the patient. She should be instructed to have her bowels move every day. If constipated, diet and exercise failing to give relief—mild laxative and tonic medicines must be advised. Injections should be avoided, as they tend to produce hemorrhoids. Frequent bathing of the whole body is necessary. We have an uncommon activity during pregnancy of the excretory organs, and nothing is more likely to disturb the action of the kidneys than an inactive condition of the skin, due to an imperfect removal of the secretions clogging the excretory ducts. The baths should not be excessively hot or cold, but of the same temperature usually borne with comfort by the particular patient under consideration.

Muscular exercise is most important, for labor is most distinctly a muscular performance. Patients should be encouraged to take abundant light exercise in the open air, never carrying exertion to the point of fatigue or exhaustion, however. This is of prime importance if the patient be of the leisure class where social duties have induced carelessness in the matter of physical exertion; also in the case of women leading a sedentary life.

The patient should not be put on a restricted diet with the idea, as advanced by a new school of cranks, that "the less food eaten the smaller the baby and the more easy the confinement." She should be advised to eat plenty of plain, simple, easily digested food, properly cooked, and as pregnancy advances, and the stomach is crowded upon by the growing uterus, the taking of full meals making her uncomfortable, she had better satisfy her increasing appetite by eating *frequently* rather than increasing the *quantity* at each meal.

Her dress during pregnancy should be loose, light and evenly distributed, so as to maintain an equal temperature all over the body. Tight lacing should, of course, be absolutely prohibited, and the weight of skirts removed from the waist to the shoulders.

In conclusion, I wish to point out to you that a condition of perfect health in the patient is important not only that she may have strength and endurance adequate to carry her through confinement, but also as a protection against the danger of sepsis. Throughout the entire gestation, as has been hinted at, there is an increasing drain on her powers. If the laws of health have been neglected she may have to enter the stages of a tedious and difficult parturition with reduced vitality. If she becomes anemic, run down, or "under tone," there is a constitutional condition favorable to the development of septic trouble, while the healthy, robust woman would be able to combat the entrance of septic germs.

In view of the many reasons cited to prove the absolute necessity of a scientific investigation *ab initio* and an unremitting vigilance during the entire pregnancy I trust you will pardon me if I have seemed prolix. I feel so keenly the weighty responsibitity resting upon us, and I have seen so much suffering, so

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much unnecessary waste of life, resulting from a failure to attend to the points I have endeavored to make clear to you, that I feel in a measure justified in thus taking up your time. I thank you very heartily for your kind attention.

Bradbury Block.

REPORT OF CASES: APPENDICITIS; OOPHORECTOMY IN AN INFANT; VAGINAL HYSTERECTOMY.*

BY W. W. BECKETT, M.D., LOS ANGELES, CAL.

Case I.—Appendicitis in a Child, Eva S., aged four years.—Was perfectly well up to Thursday, Nov. 6, 1897, when she was attacked with pain in her abdomen. She began vomiting at 9:30 P. M. The vomiting and pain continued throughout the night. At noon the next day when I saw the patient she had a temperature of 102.5°, pulse 120; some tenderness and pain at McBurney's point, but not marked, no boardiness and no mass. After the administration of a bottle of citrate of magnesia given in divided doses, the patient's bowels moved, temperature subsided, the tenderness largely disappeared and the patient seemed to be rapidly recovering, but Sunday evening a mass appeared in the appendical region. When I saw her the next day the mass was the size of a hen's egg. The patient was removed to the sanitarium and operation done at once. Temperature and pulse at this time but little above normal.

Operation was by incision over the mass. The appendix was covered by adherent omentum, there were no limiting adhesions. The appendix which was perforated and sloughing was removed, and gauze drainage inserted. The patient made a splendid recovery. This case beautifully illustrates that class of cases which may go for several days with all of the most favorable symptoms that could well be imagined, and gangrene and perforation of the appendix and peritonitis exist all the time. We have no symptoms or combination of symptoms that indicate with any degree of certainty when these pathological changes take place.

Case II.—Oophorectomy in an Infant eleven weeks old.—Baby Helen R., age eleven weeks, was referred to me by Dr. Follansbee. The child had been delicate since birth—bottle fed—had suffered with indigestion and constipation; cried a good deal. When about two months old a right inguinal hernia appeared. This the parents were able to reduce till December 19, 1897, when it became strangulated. I first saw the child the next day—at this time it was not possible to reduce the hernia under chloroform, I therefore opened the canal, and much to my surprise found it contained an enlarged, cystic ovary and the fallopian tube. The ovary was about the size of a normal adult ovary. The ovary and tube were removed and the abdominal opening closed after Macewen's method. The child made a very rapid recovery. The wound healed by first intention. The child has very much improved in health since the operation.

An oophorectomy in an infant but eleven weeks old and weighing only eight and a half pounds makes this an unique case.

Case III.—Removal of Uterus and Pus Tubes through the Vagina.—Mrs. L., aged 30 years, married 10 years, had one child eight years ago. Difficult labor. Contracted gonorrhea shortly after marriage. Suffered with repeated attacks of salpingitis, more or less severe, for several years.

I first saw patient one year ago. Her uterus was then enlarged, tubes thickened, ovaries prolapsed, and all extremely sensitive. She had a profuse and irritating leucorrhea, her menses were profuse and lasted for 10 days. She was constipated

*Read at the Twenty-first Semi-Annual meeting of the Southern California Medical Society held in Santa Barbara, May 3 and 4, 1898.

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and at times had attacks of cystitis. She complained of backache, dragging down feelings, pains in lower part of abdomen and extending down the limbs, almost constant headaches. I advised removal of uterus and tubes, but as the patient refused, I carefully curetted. This relieved her menorrhagia and leucorrhea somewhat. Her attacks of salpingitis continued and she again applied for relief. I now found her tubes greatly enlarged and her pelvic organs bound down by adhesion.

On January 27, 1898, I removed the uterus, ovaries and tubes through the vagina. I experienced great difficulty in separating the uterus from rectum and bladder, the adhesions were so dense. The tubes were more easily separated from the intestines. Owing to the narrowness of the vagina it was necessary to use ligatures. The stumps were turned down into the vagina and a gauze packing inserted. The patient did splendidly. Her pain rapidly diminished, her temperature and pulse soon became normal, her bowels moved the second day, her appetite improved and in three weeks she was able to be up on her feet.

To have removed the tubes through the abdomen would have been a more difficult and dangerous operation, and to have left the enlarged and inflamed uterus would not have cured the patient.

Case IV.—Vaginal Hysterectomy for Sub-mucous Fibroid.—Mrs. M. M., aged 52 years, mother of three children; labors normal; menstruation every 28 days and lasting for five days, until five years ago when it began to increase in amount and duration, till during the past few months it has been almost continuous. Present condition: Patient anemic, pulse weak and rapid, appetite poor, constant pain in back. Physical examination revealed uterus three times its normal size, right ovary atrophied and left ovary cystic and about the size of a hen's egg.

On March 28, 1898, a curettage was done, at which time a small tumor was found attached to the fundus near the right cornu. The walls of the uterus were thickened and nodular. The patient was put upon large doses of duo-peptonate, and during the following three weeks made rapid improvement, but at this time she began to flow profusely.

April 11, 1898, I removed the uterus and adnexa by the ligature method. The patient has made an uninterrupted recovery and is now, three weeks from the time of her operation, walking about her rooms.

315 W. Sixth St.

COMPLETE EXCISION OF THE STOMACH.*

BY J. T. STEWART, M. D., LOS ANGELES, CAL.

Since the unique case of Dr. Schlatter, of Zurich, this operation has been the subject of much lay and professional comment.

Whilst it is true that Dr. Schlatter did his operation in a most masterly way—with honest originality; and was rewarded by a marvelously successful result, it is unfortunate the Swiss surgeon, at the time of making his report, had not learned that to America is due the credit of priority. From published statements and reports, to Dr Conner, of Cincinnati should be given the credit of the first complete ablation. Technically, Dr Conner's claims as well as my own may be challenged, because histological examination does not seem to have been made.

This does not in any degree detract from the originality and great merit of Dr. Schlatter's work. He has done the only successful, complete excision in the history of surgery. He has established the feasibility of the operation, and it is now an accepted and valued resource. Partial, almost complete ablation has been

*Read before the Los Angeles County Medical Association, May, 29, 1898.

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repeatedly done, and surgically differs in no very essential way from complete excision.

Extensive resections in the human subject, and complete excision in the lower animals has demonstrated that physiologically the stomach is not indispensable to life, and the enjoyment of perfect health. The result reached in the Zurich case is an impetus to surgery of the abdomen for cancer. We have learned that physiologically and surgically the stomach is subject to the laws which govern us in dealing with the intestines In resection of stomach or intestine, for malignant disease, we must, as in other regions, go beyond infected territory, sacrificing all infected tissue, having no regard for tissue or toilet.

Nothing invests a case with greater hopelessness than gastric or intestinal cancer, if left to pursue its course; it simply predestinates the sufferer to a peculiarly frightful death. It is well known that many cases of abdominal cancer have been permanently cured by early and extensive excision. I have two cases; one having gone over the three years limit, the other nearly two years; twenty inches of colon were resected. They are both seemingly entirely well.

In stomach resection the mortality has been appalling, largely due to the great length of time occupied in the operation. Protracted operations in the region of the diaphragm are attended by great shock. The mortality must remain high for obvious reasons—the patients who most frequently require it are advanced in age, their resisting power further reduced by malnutrition and other exhausting causes.

It is not my wish to dwell on the subject of diagnosis, but beg to refer to the great obscurity which often surrounds incipient, and sometimes advanced cancerous disease.

Recently, a gentleman was sent to me from Redlands. He was exceedingly emaciated; never vomited, never had pain until about two hours after eating. I had several of our best physicians and surgeons study the case with me. We unanimously decided against the probability of maliguant disease. Stomach washing and analysis gave us nothing but negative information. The patient growing rapidly worse, we brought the stomach out for inspection, to find its posterior wall, and the lower end of the esophagus involved in malignant disease. The involvement of the esophagus was so extensive, interference could not be entertained. The occasional difficulties of early diagnosis cannot be exaggerated, nor its importance over estimated.

I recently did what it pleases me to define as entire removal of the stomach. The lady, 63 years old, was admitted to my private hospital April 10th, giving the usual history of cancer, with a tumor on the left side, easily recognizable, extending below the level of the umbilicus—very tender and painful; emaciation was extreme. Daily vomiting and pain had reduced her to a condition of serious exhaustion. After several consultations with my medical friends, it was decided to make an exploratory incision, and through it I brought to view a mass consisting of stomach, omentum and intestine. We accepted the forlorn alternative of total excision. We had not contemplated such an undertaking, and under so adverse circumstances, we began our work with heavy hearts.

There is a curious absence of parallelism in the conditions of disease and operative technique, as appears in a few reports. Dr. Schlatter's case was not embarrassed by involvement of surrounding viscera. He did esophago-enterostomy. Time between two and three hours. Dr. Bernay's not total excision encountered difficulty in separating pancreatic adhesions. He united the pylorus to the esophagus. Time over two hours. The principal difficulty encountered in my case was in separating the diseased gastro-colic omentum from the transverse

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colon and large vessels. During this part of the work, I wish to acknowledge with gratitude the valuable assistance of my learned friend, Dr. Maynard. The separation of these deep attachments, the normal relations being disturbed, forms a difficult and dangerous task. After freeing the upper end of the duodenum, I clamped it at the pyloric junction, stripped down the duodenal contents, employed a gauze ligature, to prevent defiling the abdominal cavity. The liver being held up, the esophagus was pulled forcibly down, and a gauze ligature applied high up. The cardia clamped, by transverse section the stomach was now removed. The end of the duodenum was easily brought up to the esophagus, but suturing was difficult. My first impulse was to use the Murphy button, and placed it in the esophagus. It was abandoned. however, in favor of suturing, and, I think, without good reason. My patient was profoundly shocked, and after 12 hours suddenly died.

In cases involving large mesenteric areas, the pancreas, etc., etc., requiring total ablation, immunity from recurrence must be regarded as a very remote possibility. Metastatic manifestations may be long postponed, and the Zurich case will be watched with anxious interest. Except in the cases in which the cardia and pylorus are invaded, there is no reason for total ablation.

Whilst total excision presents but few difficulties greater than partial resection, the temptation to report partial resection under the title of total removal, should be avoided as dishonest and misleading in statistical study. There has not been, and probably cannot be an improvement on Dr. Schlatter's operation. He could not have done less than remove the organ. It was diseased in its entire length. This was also true of Dr. Conner's and of my own case.

Burdick Block.

SUGGESTIVE THERAPEUTICS.*

BY W. B. WOOD, M.D., ORANGE, CAL.

I have written this short paper on Suggestive Therapeutics, in the hope that perhaps a few ideas might be presented to discuss suggestion in its relation to the production and relief, and the therapeutic application in chronic diseases. It is generally admitted today, by scientific men as well as neurologists, that the human mind is a duality; that it consists of the objective, or conscious mind, and the subjective, or unconscious mind.

A thorough understanding of the functions of these two minds is the foundation upon which to build suggestive therapeutics. The objective, or conscious mind, is the will, the individual, the self. It is that which we call the personality of man. It controls the body in its voluntary acts while it is awake. It has no control, or very little, over the involuntary acts of the body. It, like all other voluntary parts of our body, requires rest. This mind, when man is in his normal state, controls his acts, thinks his thoughts, appreciates by means of his five senses, all that falls to his lot to acquire. This conscious, or objective mind is capable of receiving and appreciating suggestions. For instance, one politician meets another politician, and Brown says to Jones, "Jones, you are wrong, my man is the best man," and he proceeds to lay down the points why his man is the better man of the two, and by argument he convinces Jones that his man is the best man to vote for and push. In other words, he has suggested to Jones' objective mind certain facts which it appreciates and accepts. A patient comes to your office and is sure such and such things are the matter; you look him over and find that such and such things are not the matter for physio-

*Read before the Orange County Medical Society, May 3, 1898.

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logical and anatomical reasons. The patient receives, appreciates, and gives away with the suggestion. Now you have made a suggestion to his conscious mind that he has accepted.

The unconscious, or subjective mind, controls the involuntary acts of the body. You cannot by any will of your own stop digestion, secretion or excretion. You cannot by any will of your own influence the action of the kidneys, liver or bowels, for these are under the control of the subjective, or unconscious mind. The same with the circulation of the blood; the same with all those acts that we ascribe to the vaso-motor or sympathetic system. It differ from the objective, or conscious mind, in that it never requires rest. It never sleeps. It never requires rest or sleep to repair itself. It is capable of doing this while at work. This is true of all the involuntary acts of our body. This unconscious or subjective mind presides over all the unconscious or involuntary acts of our body. The objective mind is capable of receiving the suggestion, the subjective minds acts upon suggestion alone. It never acts in any way but by suggestion. In a normal state, when the contents of the intestines have accumulated to such an extent that peristalsis is necessary; that notice is sent to the subjective mind, and the suggestion is acted upon, and the peristaltic action takes place. The kidney, when the blood circulates through it, sends the suggestion to the subjective mind, and it acts upon it, and the urine and its contents are secreted and excreted.

So with every involuntary function of the entire body. The subjective mind differs also from the objective mind in that it never acts upon reason or by reason, but always acts by suggestion and suggestion alone. The odor of something cooking produces a flow of saliva; the sight of something good to eat causes the saliva to flow, and the presence of food in the stomach causes gastric juice to be secreted. These things are but the result of suggestion conveyed to the subjective mind. Suggestion is nothing new. It is as old as the recorded history of man. For we are told that it was suggested to Adam that he pass into a deep sleep, after which a rib was taken from him, from which woman was made. Suggestion has had to do with the evolution of every religion that the world has ever known.

It was self suggestion which enabled Confucius to give to China her religion. It was suggestion that enabled Buddha to give to India her, in many ways, beautiful religion. It was after a long period of suggestion, or hypnotic state, that Mohammed gave to the world the precepts and principles that make up the system of religion that bears his name. Suggestion has had much, very much to do with evolution of the Christian religion. Many of the prophets and seers of the past have depended, to a large extent, upon the self induced hypnotic state for much that is recorded of them. It was suggestion, or the product of suggestion, that enabled Michael Angelo to produce with his brush his immortal painting. It was suggestion that brought forth from Liszt, Wagner, Beethoven and many others, the melodies both sublime and sweet. It was suggestion that enabled Shakespeare to write his immortal plays. It was suggestion which enabled Dickens to lay his plots and delineate his characters and to become so fully acquainted with them as to weep at their death and lament when the book was done. It was suggestion that made Robert Louis Stevensan fall in love with several of his characters. It was the result of suggestion that Virgil sang, that Homer weaved his songs, that Tennyson, Whittier and a host of others wrote. It was suggestion that brought forth from our beloved Longfellow, Evangeline, and the beautiful Hiawatha. It was suggestion that made the heroes of the past. It was suggestion that made the heroes of the Revolution, of whose lives and deeds of heroism and self sacrifice we all love to read. It was suggestion that

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made fathers leave their homes and all that they loved in life; that made mothers yield up their sons in order that Grant and Lee might fight their battles. If suggestion has played so great a part in the lives of the past, what part is it playing in our lives today, or what has suggestion to do with our physical, moral, religious, social and financial lives. It is upon this law of suggestion that the results of the so-called Christian science, mind cure, faith cure and all kindred methods depend. The effect of suggestion upon our bodily health is familiar to every physician. Mrs. Smith receives a handsome seal skin from her husband. Mrs. Smith is feeling very well and makes a few calls. She is thoroughly enjoying the walk when she meets Mrs. Jones. Now, Mrs. Jones sees that new seal skin, and makes up her mind to give Mrs. Smith a cut. Why! Mrs. Smith, I am delighted to see you. But have you been sick? You look so pale, and if I were John I would make you see a doctor. Mrs. Jones is avenged. Her suggestion has borne fruit. Mrs. Smith makes two or three other calls and hears the same story from her other friends. So poor Mrs. Smith with a heavy heart, and eyes cast down, finds her way home and goes to bed with a sick headache. Mrs. Smith has received the suggestion from her friends and is sick. When John comes home he finds his wife in bed, and sends for the doctor. The family physician arrives and makes a thorough examination, and informs John that his wife has nervous prostration, and must be kept very quiet. The good old doctor has suggested to her that she is sick. Now poor Mrs. Smith is sick with suggestion. Dr. A. has a patient with typhoid fever. Mrs. B. come in to call and says, What, that boy sick yet? The doctor ought to have broken that fever up by this time. I know my doctor could break that fever in half the time. Dr. A. is discharged and Dr. C. called to attend the case. Suggestion has done the work. What influence does suggestion have upon our moral and religious life. We are all aware of the great power of suggestion on our moral life. It is on account of the suggestion that it is manly to swear, that the boy swore. It is the suggestion that, I am getting to be a big boy now, that makes him smoke his first cigar. It is the result of suggestion of, Oh, come be a man and have a good time, that he drinks. It is the suggestion of the tempter through some coward of a man that costs the young girl her virtue and makes her a social outcast.

Just how much or how far suggestion may go in assisting nature to maintain our bodies in perfect health, it is at this time impossible to say, but enough is known to be able to say that by self suggestion we may very materially assist nature in keeping life's machinery in perfect order. But more, we may by self suggestion do a wonderful work for ourselves by overcoming the adverse suggestions made to us by the sick and suffering about us, and by the chronic grumbler. Who can say what the possibilities are of our suggestion upon the physical life of others. How by suggestion we make the invalid smile; the one in pain forget her pain, the mother worn out by watching and care by the side of her dying child, forget life's burden for awhile. Many of the wonderful results obtained by some physicians are due to the suggestions made before the medicine was given or the operation performed. That the gift to make a suitable suggestion is one of the most important gifts of a physician. That much good as well much harm can be done by suggestion is apparent to all. In our moral and religious life it is possible for suggestion to reclaim the wayward boy, to even reform the drunkard, to stop the girl in her downward course, and bring men to a realization of a future life. In our financial life it is possible for suggestion to assist, if not maintain, the reputation of a life time; to assist in maintaining the standing of a bank, or the stability of the national credit.

I know full well that this is a deep and inexhaustible subject. If I have given

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you a few ideas, or presented some old thoughts in a little different dress so that they may be of some practical service to you, my time has been well spent. Our lives are but the reflection of the suggestions about us.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

THE SMEGMA BACILLUS.—In view of the ease with which the urine may be obtained separately from the two kidneys in either sex, through the new instrument devised by Dr. M. L. Harris, the following summary by Dr. J. L. Miller, (*Medicine*, July, 1898), with reference to the examination of urine will be of interest:

1. Over the entire surface of the body and exposed mucous membrane, and especially on the genitalia, bacilli are found which resemble morphologically and in tinctorial qualities the bacillus tuberculosis.

2. From the external genitalia they frequently gain access to the urine, especially in women, and may be a source of error in the examination of the urine for tubercle bacilli.

3. The smegma bacillus presents wide variations in size and form, thus rendering morphological differentiation frequently impossible.

4. While most smegma bacilli are more readily decolorized by any of the solutions commonly employed, occasionally they possess equal or even greater resistance than the tubercle bacillus.

5. Methods of decolorization where acids are employed alone are especially fallacious; acid alcohol or dilute alcohols, unless long continued are equally unreliable. Better, but not free from error, is the use of absolute alcohol for at least five minutes; in ammoniacal urine, however, such prolonged use of alcohol may also remove the stain from the tubercle bacillus.

6. Attempts to remove the fat or fatty acids from the bacilli by ether or chloroform, or other solvents fail to furnish us with a means of differentiation.

7. We must rely on means of excluding the smegma bacillus from the urine. It has never been demonstrated in the bladder, and apparently seldom invades the deep urethra; therefore by cleansing the external meatus and withdrawing the urine with a catheter we can exclude this possible source of error.

APOMORPHINE AND ITS USES.—(*Med. Rec.*, July 2, 1898.) Dr. S. A. Visanska calls attention to this alkaloid, because of its many beneficial effects upon the system. He refers to its recognized use as an emetic, and for this action it should supersede all other remedies, and then cites further indications. In puerperal convulsions its action depends on the general relaxation produced. The dose should not be large enough to produce emesis, generally 1-60 to 1-40 gr. hypodermically repeated in 30 minutes if needed. In epilepsy a hypodermic will prevent or cut short an attack, according as it is given before or during the fit. It has been used with benefit in tetanus, and in obstinate hiccough. In bronchial asthma it affords almost instant relief on account of its relaxing effect and takes the place of narcotics. In catarrhal laryngitis and in croup in children it relieves by its relaxing property and also by its effect upon the mucous membrane, loosening the secretions and subsequently causing vomiting of the same. A minute dose should here be given; say, for a child two to four years old, 1-100, or 1-80 grain, hypodermically, to be repeated when necessary. In all forms of bronchitis in which the

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cough is dry and secretion scanty, apomorphine is an excellent addition to the expectorant mixtures, and especially in pneumonia it takes the place of alkalies to free the secretion.

In the *American Medico-Surgical Bulletin*, June 10, 1898, Dr. Robt. H. Babcock, extols the virtues of apomorphine and refers especially to the dosage by the month, which is usually too small. He says that in acute bronchitis, where cough is frequent and painful and expectoration scanty, he knows of no remedy that will yield as gratifying results as one-quarter or even a grain of apomorphine every two or three hours, either in the French syrup of lactucarium, or if a mixture be objected to, combined with codeine in capsules. He heartily recommends the substitution of this drug for tartar emetic, ipecac and lobelia in ordinary cough mixtures. It, however, is imcompatible with iodide of potash. One need not fear emetic effects when it is taken by the stomach; wherein the difference in action between its hypodermic and oral administration lies, he is unable to say, but states that one must simply accept it as a fact, He calls special attention to the necessity of having a a pure apomorphine (and recommends Merck's), as he has seen the soporific and other effects of morphine from impure specimens.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

APPENDICITIS.—By Spencer Graves, M.D., St. Louis, Mo. I do not wish the breadth of my subject to suggest to you a long paper. I shall feel highly honored if this audience will give their attention to my conclusions in brief, derived from observing clinically a comparatively limited number of cases of appendicitis.

A concretion or foreign body when found in an inflamed appendix naturally suggests a cause. The result of the presence of these coprolites is an interference with the normal cell action and circulation in an organ easily changed, because of its anatomy, thus providing a pabulum suitable for the development of germs which lead to the different forms of inflammation and infection.

That there are previous changes which contribute to the inability of the appendix to take care of itself in the cystic form, and where these coprolites are found, such as strictures, is often evidenced by subjective symptoms, as well as the pathological changes. Constipation, indigestion, low state of health, dysentery, eruptive fevers, etc., are some of the causes of so-called catarrhal appendicitis and these changes in its lumen. Measles have seemed to me a comparatively frequent cause of this catarrhal inflammation. I have observed active exercise, such as riding the bicycle and traumatism, to be exciting causes.

In recurrent appendicitis, I regard the etiology to be the same as in the other varieties, resulting in interstitial inflammation without perforation or gangrene, the character of the attack and the virulence of the infection being determined by the intensity of the inflammation, size of the perforation, and general condition of the patient. I consider catarrhal inflammation of the mucous membrane to be usually the prodromic period of attacks of appendicitis, the serous covering of the appendix being involved. Other causes such as adhesions, bends, torsion, etc., (except perhaps anatomical position), I have not observed, so do not discuss them.

The symptoms of catarrhal appendicitis are not sufficient usually to clearly characterize the condition; yet it has seemed to me possible to have the symptoms

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of a mild attack of appendicitis, the organ returning to its normal condition, without such changes in the lumen or interstitial inflammation as render it prone to another attack. The cardinal symptoms of appendicitis are pain and tenderness over the entire abdomen, or more or less localized, vomiting, constipation, or diarrhea, rigidity of the abdominal muscles on the right side, fever, rapid pulse, mass or tumor at McBurney's point, with usually more or less toxemia. In some cases there is more virulent infection than can be accounted for through stercoremia or the different forms of bacteria found in the disease. As the process advances to perforation, localized peritonitis, and abscess, or to perforation without adhesive inflammation, general peritonitis, or the interstitial or cystic form, it requires close watching and a thorough knowledge of the clinical features to determine which one of these results will likely be produced.

A limited number of cases do not recover, however treated, so the prognosis at the beginning of an attack must be doubtful. Successful workers in the laboratory have probably done more toward bringing about a unanimity of views as regards the treatment of appendicitis than practical surgeons; but there are so many theories, each having a respectable advocate, that we must believe that there is yet something to learn about the treatment and the pathology of this affection, even though we agree that it is essentially a surgical disease.

I believe that when the prodromic stage can be recognized, in some instances we will be able to prevent or abort a beginning appendicitis by promptly relieving the condition which causes the incipient changes in the mucous membrane. I do not believe that there can be any fixed rule as regards when to operate; every case being to some extent a law unto itself.

I prefer when seeing a patient in the beginning of an attack presenting the ordinary symptoms, to treat it medicinally for a varying length of time, for the following reasons:

1. There are cases, a small percentage, that may be relieved in this way, the appendix returning to its normal condition.

2. In the interstitial form or in recurrent appendicitis, I would prefer to operate between the attacks.

3. The fulminating form being of such rare occurence and often manifesting symptoms by which it may be recognized before it is too late, and being so often fatal, whether medicinally or surgically treated, I am not influenced to treat all cases as though they were of this variety.

4. The patient is usually in a better condition for the operation after the acute symptoms have subsided. The toxemia seems greater in the majority of cases the first 24 or 48 hours, and the patient seems to suffer more from shock during this period. I believe chloroform or ether anesthesia is more dangerous when the toxicity is great, and that they have some inhibitory action on the body cells, the serum of the blood, or the phagocytes. This deleterious action is especially objectionable at a time when nature's best efforts are required to combat the morbid phenomena.

5. The benefits of this delay, as it seems to me, with the adoption of correct medicinal treatment, are the increased flow of serum to the seat of inflammation, and the formations of adhesions in some cases which shut off the general peritoneal cavity, and the lesser risk of auto-intoxication. I believe that the peritoneum is more likely to be infected during operative procedure before this immunizing or protective process has supervened.

6. The advantage hoped for when we would operate before the occurrence of perforation, is quite often not realized in perforating appendicitis. In my experience, perforation takes place sooner than is ordinarily supposed.

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In my judgment, the medicinal treatment most satisfactory is to relieve the bowels with calomel and soda, and to maintain free action by the judicious use of salines and an occasional enema. I think the advantage gained through endosmosis and prevention of auto-intoxication more than compensates for the increased peristalsis. Salol in small doses is the only other internal remedy that I consider of value. For local application either heat or cold may be employed, whichever gives most relief to the patient. Absolute rest and quiet without the aid of sedatives or narcotics are enjoined.

If the symptoms begin to subside before the third day, I would at least hope for recovery after prolonged rest and observance of the proper precautions. The symptoms in a general way which would indicate to me the time for surgical procedure, are :

1. When the temperature and the pulse remain about the same, the vomiting has been checked, constipation relieved and the tenderness is more localized. Should there develop a tumor or mass at McBurney's point, greater than could be attributed to simple inflammation with consequent effusion and increased size of the appendix, any time after the third or fourth day, symptoms not being intensified, I would expect abscess and would advocate operation before the ninth day, according to the presence of more or less pronounced evidences of pus.

2. Where there is a gradual increase in the rapidity of the pulse after 24 hours, even though the temperature remains about the same, the tenderness localized, and vomiting checked, I would advise operation for the removal of the appendix before the fifth day.

3. I would consider an early operation when the symptoms from the inception were very unusually severe, especially if the temperature goes above 104°, and whenever there were signs of general peritonitis, and when symptoms of strangulation of the bowels cannot be relieved.

4. I think operation might be indicated by an asthenic or adynamic condition of patients who have gangrenous appendicitis, though I have not seen such a case.

There are minor symptoms indicating the condition of the patients which cannot be expressed, and, of course, we are influenced by environments, etc.

I am decidedly in favor of removing the appendix in all cases operated on, if at all practicable, though I would not break up adhesions in order to accomplish this.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

HINTS FOR ASEPSIS; GLOVES AND HOODS.—(*Journal American Medical Association.*) Avoid all contact with septic things. Use scissors and forceps in removing dressings, never the fingers, and always moisten them beforehand with warm salt solution, preventing infection of the fingers with dry floating particles. If the fingers must be used, rub them well with vaselin and cleanse and disinfect them at once afterward. Operate dry. Have the instruments lying ready on dry aseptic cloth, after having been boiled in soda solution. If they become smeared with blood it is not necessary to remove it unless it interferes with the operation, when they should be laid a few moments in boiling soda solution, which should always be at hand. The above suggestions are from an article in the *Münch. med. Woch.* of May 10, by Berndt, who adds that aseptic silk thread

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is less harmful to the tissues than antiseptic, as its injury is only mechanical. Vulpius, in the same number, asserts that he considers the Lisle thread gloves of great assistance in securing asepsis during operations which are not liable to be flooded with blood, as the gloves keep the hands sterile as long as they are dry. They are especially useful in orthopedic operations on the extremities. He also uses a hood or capote, with no opening except for the eyes, for all operations, except very long ones (when they would become oppressive,) calling attention to the "rain of bacteria" that follows the accidental brushing of the operator's head against that of an assistant. Still another precaution is the covering of the surface around the field of operation with an impermeable cloth before laying the sterile compresses around to wall off the field. He has found that if these sterile compresses become moistened with dripping water or blood during the operation they suck up germs from the skin beneath, which is prevented by the impermeable covering.

CURETTAGE A FAD.—Dr. C. A. Von Hoffman at the recent meeting of the State Medical Society, in describing a case, said: From the history and examination, it was one of those cases of chronic endometritis, which get worse after curettement, and of which I have seen a good many during the last three years. They show the symptoms, of scanty menstruation, dysmenorrhea and headache, after the operation, and often great nervousness. They date the change for the worse from the operation. Curettement is such a simple operation, that many physicians undertake it without making a through diagnosis of the case. It is one of the fads of gynecology.

I know of only two indications for the use of the curette. The first is to obtain pieces of the endometrium, which will enable us to make the microscopical diagnosis, and especially the differential diagnosis between hyperplastic endometritis and malignant disease. The curette is used only when the diagnosis is dubious.

The second indication is profuse menorrhagia or metrorrhagia, when there are symptoms of hyperplastic endometritis.

There are no other uterine or tubal diseases which require the use of the curette, and if the curette is used without these indications, the patient will not be benefited; in most cases the condition will be aggravated.

Curettage is a fad; and as such it is too commonly believed to be a "cure-all" for every condition of disease, which does not clearly indicate laparotomy. Many so-called gynecologists seem to know only two kinds of treatment—curettage or laparotomy.

PAN-HYSTERECTOMY FOR FIBROIDS. Dr. C. A. Von Hoffman, in his article on Fibroids, at the Fresno meeting of the State Medical Society, said: In most of the operations for large fibroids, which I did in the last five years, I removed the whole uterus. After ligating both broad ligaments with one or two ligatures on each side down to the region of the internal os, and applying clamps to the ligaments as near as possible to the uterus. I divide the ligaments between clamps and ligatures. The posterior roof of the vagina is opened with the thermocautery. So far the patient has not lost any blood; then an incision is made across the anterior surface of the uterus through the peritoneum connecting the two lowest points of the wounds in the broad ligaments. Peritoneum and bladder are loosened from the uterus until the anterior roof of the vagina is reached. This is opened, the incision enlarged to both sides and a ligature applied to the uterine arteries. The lower part of the broad ligament can now be divided and the uterus removed.

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The ligatures which are left long are brought down into the vagina, a piece of gauze left in the vagina reaching very little above the upper end of the vagina. Bladder and intestines will fill out the pelvis. I do not stitch the peritoneum together. The only disagreeable feature is that the ligatures remain sometimes several weeks before the knots can be reached to remove them, but it is not necessary to keep the patient in bed longer than 14 days. This could be avoided by using catgut instead of silk, but I have not found a perfectly reliable method of sterilizing catgut yet.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

COUGH—DIAGNOSIS—(*N. Y. Med. Jour.*, Jan. '98.) Collier. A thorough examination in cases of cough and discomfort referable to the upper respiratory tract, is important. Percussing the chest and listening to the abnormal sounds, is not sufficient. The larynx, nasal chambers and ears should be examined in order to insure correct diagnosis and efficient treatment. Bronchitis is not a disease of itself, but in the majority of cases a symptom of unphysiological respiration.

PHYLCTENULAR KERATITIS.—(*Oph. Record*, July, '98.) Reynolds advocates in this trouble 10 grains of quinine for a child from 7 to 14 years old. First cleanse the bowels with a saline, regulate habits and diet. After treatment, for a child 10 years, quinine 1-10 grain and bichloride 1-50 grain every hour or two hours, depending upon the severity of the trouble. Nose must be looked after and kept cleansed. 44 cases were treated thus. No local treatment at all. Time, from three days to three weeks.

HOLOCAIN.—(*Oph. Record*, July, '98.) Randolph's conclusions are: Its action is quicker and more lasting. It more thoroughly anesthetizes the iris and deeper structures. It more thoroughly anesthetizes inflamed surfaces. It may be indefinitely prolonged, cornea does not desiccate, does not affect vision nor tension, nor acts on the pupil or accommodation. Does not interfere with the nutrition of the tissues, but rather increases the blood supply and hastens healing. It is antiseptic and is proportionately cheaper; it is more poisonous; there is more bleeding.

PTERYGIUM, GALVANIC CURRENT FOR—(*Oph. Record*, July, '98). Starkey. It avoids loss of tissue, painless, does not incapacitate the patient, stops the progress of the pterygium in the early stages. A platinum needle as the positive pole was passed through the pterygium in three lines two mm. apart, a current of three milliamperemeters was passed for one minute at each place. One-half of the cases were cured, one-third of the cases showed no growth, one-quarter were not improved.

CORRESPONDENCE.

SAN DIEGO COUNTY MEDICAL SOCIETY.

(Regular monthly meeting, July 1, 1898, President Charlotte Baker, in the chair.)

The paper of the evening was presented by Dr. Robt. L. Doig, his subject being "Water."

The doctor said: Few people always, most people seldom and many people

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never (especially in California), take sufficient water, or equivalent liquid, to enable nature to quickly, easily and perfectly carry on the commerce of life.

We speak of our rivers, lakes, etc., as the natural arteries of commerce, but forget that perhaps the most complete system of waterways is that of the human body. We need no Nicaragua canals or flume systems to make it perfect, but we do need to furnish the water to fill the pipes.

Few physicians even stop to think how rapidly the quality and quantity of the blood changes. We estimate that about five pints of water are carried out of the system in 24 hours. Four or five per cent. of this goes directly through the alimentary canal, the rest all comes from or through the blood. Estimating the blood of a 140-pound man at 18 pounds, water constituting 795 parts in 1000 of blood, we have about one-third of the blood changed and removed each day.

Here there are no other means of traffic. The imports and the exports go by water or rot by the wayside. When a man goes to the mountains for a few weeks "roughing it" and comes home, as he says, a "new man," is it from the change of air? No; it is the unusual exercise, the perspiring, the water drinking. He has flushed the flume and the water pipes and the sewers. He has unloaded the poisons accumulated for months and he *is* a "new man."

The doctor also expressed the opinion that the cause of much of the constipation, myalgia, neuralgia, neurasthenia, etc., which we meet, was auto-toxemia, the direct result of insufficient water drinking; that the popular fever of germs and the idea that liquid should not be taken with meals were both doing more harm than good; that very poor water was better than no water and water at the wrong time better than not enough water. Urged the more frequent use of high rectal injections of normal salt solution for absorption, and question whether we did not sometimes allow our patients to starve for water.

Dr. Burnham: I have been much interested by the paper of Dr. Doig. I thing we are inclined to give too little attention to the systematic use of water and overlook its importance in the treatment of many ailments. Some persons object to the free use of water on account of the popular notion that its use develops obesity, and ladies especially object to anything that is specially fattening.

Dr. Magee: It must not be overlooked that water performs a much more important function than simply that of a solvent and mechanical agent in the economy. Food, water and air are the three great factors in sustaining life and are of importance inversely as mentioned. Without air one can live but a few minutes, without water but a few days, but with air and water in abundance it has been demonstrated that life may be prolonged quite unimpaired for weeks. Water, therefore, is in some measure an aliment.

Drs. Fred Baker and Parker also participated in the discussion.

THOS. L. MAGEE, M.D., Secretary.

ORANGE COUNTY MEDICAL ASSOCIATION.

(Regular Meeting, May 3, 1898, at the office of Dr. J. R. Medlock, with the president, Dr. L. W. Allingham, in the chair.)

Dr. W. B. Wood, of Orange, read a paper on Suggestive Therapeutics (page 252.)

DISCUSSION.

Dr. Wall believed that he had seen patients cured of organic disease by means of suggestive therapeutics alone.

Dr. Ball asked Dr. Wood if the term suggestive therapeutics was a synonym for "Christian science." Dr. Wood said it was not.

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Dr. Crane thought the word, suggestion, as used by the profession, was more limited in meaning than Dr. Wood's paper would indicate.

Dr. Berneike thought suggestive therapeutics was a term really meaning hypnotism. It approaches closely to quackery and should be carefully guarded when used. He has no faith in "Christian science" which is neither science nor Christian. Thinks the paper really confounds suggestion and genius.

Dr. Medlock: Therapeutically, suggestion is an agent of great value as evidenced by homeopathy. I think that many cases are benefited by its means. I knew personally a case of aphonia which was cured by a preacher.

Dr. Dryer: Suggestion does not cure organic disease, and usually is efficacious in cases that have resulted from suggestion; for instance, a women is taught to fear the menopause and knows the nervous symptoms attendant upon that period. Suggestion only cures suggestion. I knew a case of eye difficulty in a mother and three daughters in succession. All were cured by "Christian science." In my opinion the difficulty was not the result of disease but of suggestion; the mother having taught the girls in succession to cure the general affection.

Dr. Allingham: Suggestion enters largely into all fields of medicine, in fact into all branches of life. Nothing succeeds like success. Suggestion, not knowledge, often brings success.

(Regular Meeting, June 7th, 1898, at the office of Dr. J. B. Cook, Dr. Allingham, the President, in the chair.)

Dr. Medlock reported the following case:

Three months ago I had a female patient taken with pain in the abdomen, and with vomiting. In the course of time an abscess formed and pointed in the vagina. Assisted by Dr. Dryer, I opened it up and irrigated it. It healed up nicely. Ten days ago the patient was taken with a severe pain which was located at McBurney's point. The pain still persists and is accompanied by a rise of temperature up to 101° in the evening. Her appetite is fair and the bowels regular, but I can see that she is gradually growing worse .The question with me is, will suppurative ensue and should the appendix be removed.

The concensus of opinion seemed to be that an operation was surely indicated.

Dr. Cook reported the following case:

June 3rd a man called at my office, suffering with severe abdominal pain, which had lasted nine hours. His face was pinched, pulse thready and temperature subnormal. The pain was in the umbilical region and the left side. No pain being complained of on the right side. Upon pressure being applied over the appendix with the tip of one finger, more pain was developed than could be elicited anywhere else. The abdominal wall was so rigid and so much retracted that the man noticed it himself. I diagnose the case as incipient appendicitis and prescribed accordingly. The next day the pain was gone and the man said he was well.

Dr. Allingham: I was called to see a man who was suffering severe pain. In six hours the temperature had risen to 103.6°. The symptoms were all indicative of trouble in the appendix. Having invented a method for the continuous application of heat, I made use of moist heat at a temperature of 180° without giving a single dose of medicine. In one-half hour the pain had ceased and in 36 hours all the symptoms had abated.

Dr. Crane: I have noticed that in the last two years in my practice, four out of five cases of obscure abdominal trouble will, upon pressure, complain of pain over the appendix.

J. B. COOK, Secretary.

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SPECIAL APPEAL.

TAMPA, FLA., June, 1898.

We take this means of informing the public that our Orphanages which are put at the disposal of the government for any child or children of soldiers, was done so, entirely without cost to the government. Applications are already coming in and we shall need a large sum of money to carry out these plans. I call upon every citizen of our great country for a free will offering, however small. Let it come at once by post office or draft to the undersigned. I respectfully refer to the letters of the Secretary of War and Surgeon General, a copy of which will be sent to any address on receipt of stamp. Never in all the history of our country was there a more tender and patriotic appeal.

Being at present in Tampa preaching to the soldiers, it is a great joy to tell them that their children shall be cared for. Citizens of America, will you help?

H. M. WHARTON, Baltimore, Md,

AMERICAN MEDICAL ASSOCIATION.

WILLIAM B. ATKINSON, M. D., Permanent Secretary,
1400 Pine Street, Southwest Cor. Broadway.

PHILADELPHIA, June 30, 1898.

DEAR SIR:—At the recent meeting of this Association the following was unanimously adopted:

WHERREAS, The American Medical Assocoation did, at Detroit, in 1892, unanimously resolve to demand of all the medical colleges of the United States the adoption and observance of a standard of requirements of all candidates for the degree of doctor of medicine which should in no manner fall below the minimum standard of the Association of American Medical Colleges; and

WHERREAS, This demand was sent officially by the Permanent Secretary to the deans of every medical college in the United States and to every medical journal in the United States, now therefore the American Medical Association gives notice that hereafter no professor or other teacher in, nor any graduate of any medical college in the United States, which shall after January 1, 1899, confer the degree of doctor of medicine or receive such degree on any conditions below the published standard of the Association of American Medical Colleges, be allowed to register as either delegate or permanent member of this ASSOCIATION.

Resolved, that the Permanent Secretary shall within thirty days after this meeting, send a certified copy of these resolutions to the dean of each medical college in the United States and to each medical journal in the United States.

Respectfully yours,

WM. B. ATKINSON, Permanent Secretary.

NEW YORK ACADEMY OF MEDICINE.

SECTION IN ORTHOPEDIC SURGERY.

MEETING OF MARCH 18TH, 1898.

Congenital Dislocation of the Hip.—Dr. R. Whitman presented a little girl two and one-half years of age, on whom he had operated for congenital dislocation of the left hip, when she was 18 months old. The method followed had been the bloodless operation of Lorenz, and the plaster of Paris bandage had been finally removed last November. In the absence of any trace of deformity or disability it was impossible to detect any difference between the two sides, and the cure was evidently perfect. He thought it was the first cure attained by this method in New York.

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Dr. T. H. Myers reported that he had seen last week the girl on whom he had operated, at the age of three and one-half years, in January, 1895, by the method of Paci. The joint was firm with no telescoping. There was no limp and the child runs, jumps and hops with perfect freedom. He thought it was the first successful application in this city of Paci's method.

Dr. A. M. Phelps said that in the patient exhibited there was a perfect reduction, but it was probably a case of dislocation at birth in a child in whom the acetabulum was normal. He did not believe that the bloodless forcible reduction was a good method. After a child had passed the second year the head was developed, the acetabulum was undeveloped, and the capsular ligament was drawn out and constricted like an hour-glass, making reduction mechanically impossible. There was no reduction—simply the conversion of a posterior into an anterior dislocation. The only way was to make an acetabulum and put the head of the bone into it.

Dr. G. R. Elliott said that the acetabulum in these cases was fairly developed in children up to four years of age. The head was felt as it was forced over the border of the socket, it was felt to be retained, and it could be easily dislocated again. It was retained by fixing the limb at a proper degree of abduction it could not get out of its position, being held by the ligaments and muscular structures, and the probability of its leading to a more perfect acetabular development was greater than after an operation in which the ligaments and muscles had been cut.

Dr. Whitman said that the head of the bone was capable of making an acetabulum and that a rudimentary acetabulum existed in nearly all cases, as was proved by the observation, that when the head of the femur was pushed in place it stayed there. When the dislocation was anterior, which was not usually the case, the bone should be twisted around.

Coxa Vara.—Dr. Whitman also presented a boy, 11 years of age, who had the waddling gait and lordosis of congenital dislocation of the hip. It was, however, a case of double coxa vara with prominent and elevated trochanters. There was free flexion and extension, but limited abduction. There was no pain or discomfort. Both femoral necks were depressed beyond a right angle with the shaft, but not bent backward, consequently there was no eversion of the limb, otherwise the signs were typical. The trouble began when the boy was four years old, and had its origin in rickets. He has been treated for hip disease at intervals for six years. Dr. Whitman had seen several cases in children, one of whom was but 2½ years of age. The affection is therefore not limited to adolescence.

Deformity of the Tibia—Osteotomy.—Dr. B. F. Curtis presented a patient on whom he had operated for anterior bowing of the tibia. The patient, a girl 12 years of age, had been presented and the case discussed at the meeting of November 19th, 1897. At that time the tibia was three inches longer than that of the sound leg, and the circumference of the leg was 1½ inches more than that of the other. The general health had been poor, probably the result of pain. A skiagram showed thickening with some irregularities in the enlargement and an almost complete disappearance of the epiphyseal line due to pressure. The diagnosis had been undetermined. Sarcoma, syphilitic osteitis, necrosis, with a sequestrum, and abscess of the medullary cavity had been suggested and considered. After rest in bed for a month and the administration of iodide of potassium, the tenderness had disappeared and the general health was much improved, and it became more evident that the local affection was of syphilitic origin. On January 6th, the fibula was fractured and the tibia straightened and shortened by the removal of a wedge, measuring over an inch posteriorly and two inches on

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its anterior surface. The bone was found to be roughened on the surface, and the central canal had disappeared. The bone was hard, but not so hard as cortical bone in the adult. It was of the same consistency all the way through and was pronounced by a pathologist to be normal in structure. The subcutaneous soft parts were so voluminous that the skin was with difficulty made to cover the wound. Later, two long incisions were made on either side of the wound and the skin was dissected up and drawn over the bone. Thiersch grafting was done on February 22nd. The result was a fairly good leg. The bone was of normal length and there was no tenderness. Ability to walk well had not been acquired as the patient had been out of bed only a week.

Dr. T. H. Manley said that the gross appearances were those of malignancy limited to the hard tissues, but with an obvious tendency to infiltrate into and involve the soft parts. The osteo-plastic procedure had gained all that could be desired in reducing the length of the limb, but he believed that further trouble was sure to follow and would be interested in the progress of the case.

Dr. Phelps believed that the condition was due to congenital syphilis.

Multiple Osseous Tuberculosis.—Dr. V. P. Gibney presented a boy whose previous history was rather obscure. Early in 1897 the left limb had been amputated for "consumption" of the knee. He had been under treatment since last May. There was a focus in the shaft of the left humerus, which had been operated on several times, and also on the right elbow. In the latter had been found streptococci, staphylococci and micro-organisms resembling diphtheria bacilli, but no tubercle bacilli. Recently there has been beginning anchylosis of the jaw. A previous diagnosis of multiple sarcoma had been made but it was more than probable that the foci encroaching on the joints were tuberculosis.

Radiograph Showing an Osteitic Area.—Dr. Myers exhibited a radiograph which showed an area of diminished density within the head of the radius and increased density about it. A sclerosing osteitis probably surrounded the site of a caseous focus which had been curetted. After many trials this was the first success he had made in locating a diseased area by the X-ray.

Pott's Disease Treated by Forcible Reduction of the Deformity.—Dr. Gibney showed a boy, 12 years of age, who had had Pott's disease as long as he could remember. There had been no previous treatment. The kypho had been very marked. On March 1st, 1898, a moderate degree of force under an anesthetic, had reduced the kyphos a good deal, the parts yielding easily, and a plaster of Paris corset was applied in the prone position, from the pelvis to the axillæ. He was kept in bed for three days much against his wishes, and since then has been playing about the wards. There was absolutely no reaction. Another boy, six years of age, was presented, wearing a plaster of Paris corset after forcible reduction of a well-marked kyphosis. Previous treatment had been by apparatus, jackets, etc., the disease, in the dorsal region, had been long since arrested. The projection had been considerably diminished by an amount of force not greater than in the first case. During the operation his respiration became rather labored and the anesthesia was discontinued. The only reaction was a slight slowing of the pulse after the operation, and on one day since. These patients were presented to show that deformities can be materially reduced by this method without reaction, or any immediate bad results. In after treatment it was not necessary to fix the head and shoulders. If the plaster is brought well up there would be no recurrence. The English surgeons were advocates of the steel apparatus; they criticise the French who put their patients up in cotton covered with plaster of Paris. There were plaster jackets and *plaster jackets*. If too much cotton were used a good fit would be impossible, the parts would recede and the jacket

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would become loose. If the plaster was properly applied it would give no trouble. The fear that forcible correction would induce tubercular action in the meninges or elsewhere, was not well founded. In an experience of years in the forcible correction of deformities of the hip, it had been the rarest thing in the world to get any dissemination of the bacilli.

Dr. Phelps presented a girl, seven years of age, wearing a plaster of Paris jacket, after forcible reduction under ether, of an extremely large kyphos. The disease had been of 4½ years duration, and was between the sixth and ninth dorsal vertebræ. A jacket had been worn for four years. The operation seemed very cruel and had been undertaken with fear and trembling, only partially dissipated by the favorable reports of French operators. The kyphos had been nearly all reduced, after so much snapping and cracking, that it was thought the child's back was broken. There was no reaction and the patient was up and about in less than four days. The procedure was applicable to the early stages of the disease. In the presence of a large kyphos or anchylosis or abscess, it was a dangerous method.

Dr. W. R. Townsend related a case in which an inconsiderate resort to this operation would have been disastrous. A girl, 3½ years of age, was under treatment upon an open frame, for disease in the upper dorsal region. There was a cough and impeded respiration and other symptoms of bronchitis, followed rather suddenly by asphyxia and death. Autopsy showed a retro-pharyngeal abscess in the median line directly over the vertebral column and extending to the right. There was no pressure on the trachea which was normal in size and not flattened. Numerous enlarged glands had pressed on the recurrent laryngeal nerve and caused paralysis of the vocal cords. The second dorsal vertebra was so much diseased that the finger was pushed right through to the spinous process. Forcible reduction would have ruptured the abscess or done some damage to the bone. The dangers of the operation were readily realized. The procedure might give good results in suitable cases, but it should be well tried before being widely recommended.

Dr. Myers has not as yet heard of any cure as the result of this procedure. The cases should be very carefully selected, and care taken to ascertain that no abscess was present. The operation was dangerous and results should be waited for before the method should be commended at all. The protection given to the spine after the operation should be most perfect.

Dr. H. L. Taylor could not think well of this method, without the light of further experience. The tendency has been to make the procedure much less radical than it had been at first when reduction of the deformity sometimes called into action all the strength of the operator, with perhaps resection of the projecting spinous processes, and in suitable cases excision of wedges of bone. In some instances the spinous processes were wired together after reduction, and it was considered important to encase the head and the pelvis in the plaster of Paris jacket. With this obvious tendency towards simplification of the treatment, it remained to be seen how much of the original operation would remain after the method had been well tried. It was safe, thus far, in the hands of experts, but it would be dangerous to encourage the general practice of the method.

Dr. R. H. Sayre said that if the diagnosis were made before the kyphos appeared, there would be no necessity for this operation. He thought that if it could be determined in advance which cases could be straightened without damage, this operation could be readily accepted. In some cases there were no vertebral bodies left, and the column was held together by the spinous and trans-

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verse processes. In other cases the bone was so diseased that forcibly straightening the spine would produce gaps between the vertebræ, leading to the production of abscesses. It was extremely doubtful whether this method should be employed. In any event the cases should be most cerefully selected, and there should be no elevation of temperature, and no morbid action present.

Dr. Manley thought that the forcible correction of this deformity in appropriate cases was justifiable, to be followed by some form of thoracic support after correction.

Dr. Elliott said that two cases of forcible correction, followed by death, had been recently reported in the *British Medical Journal.*

Dr. A. B. Judson had seen no reason for not being satisfied with treatment by the use of steel brace. Patients with Pott's disease, suffered so much inevitable daily traumatism, in standing and walking, that the injury accompanying the method under discussion, would not seem to be necessarily fatal or even dangerous. The question was whether it was wise to add to the unavoidable and habitual traumatism. If we could restore the curves and strength and mobility of the spine, almost any treatment would be accepted. But it could not be hoped to carry recovery to that desirable point. Moreover, it was very doubtful whether consolidation would come to our aid at the opportune moment, to secure the improvement in shape made by the forcible reduction.

Dr. Phelps had looked up the literature of the subject. On the one hand it had been stated and demonstrated by radiographs, that bone had been reproduced in cases in which there was wide separation after reduction, and one operator had reported 204 cases, with no deaths and no accidents. On the other hand, other operators have reported many relapses, sometimes with paralysis, a number of deaths had been reported, the kyphos had been reduced in a cadaver with rupture of an abscess, and in another subject with fracture of a vertebra. Some investigators are enthusiastic in favor and others condemn in round terms. Although there was probably a field for operation it was necessary to proceed slowly.

Dr. Gibney said Dr. Townsend's patient was an exceptional one. Most patients seen offer no contra-indication to the operation. He had not found that patients with a deformity of the spine, were cheerful at the prospect of going through life with it. They were morose and felt that nature had treated them harshly and it was necessary to do something for them. If he had a child with such a deformity, he would welcome almost anything which promised relief. He understood the dangers of the operation and was opposed to its wholesale performance. While fully appreciating the importance of what had been said, he thought that clinical facts were also entitled to weight. He believed that deformities could be materially reduced by the method, that it should be done gradually at several sittings, rather than all at once.

Lateral Curvature Treated by Forcible Reduction.—Dr. Gibney also presented a patient, a girl 14 years of age, affected with lateral curvature of the spine, whose parents had urged that something be done to correct the deformity, being willing even to have a section done. Under an anesthetic a twisting motion was employed, for some five or ten minutes, and the patient was then put into plaster of Paris. She was treated three times. There had been no reaction. She had gained 1¼ inches in height, and the back was in a much better position than it had been before.

An Unusual Case of Pott's Disease.—Dr. Townsend presented a patient in whom the deformity had not been attended by symptoms. The patient was a girl, 11 years of age. Two weeks ago the mother, when giving the child a bath, had for the first time noticed a projection, which, on examination, was found to

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be at the 10th and 11th dorsal vertebræ, and so sharp that the case did not seem to be a favorable one for forcible reduction. The child was in good health and had had no pain, or any other symptom, and no history of illness. She was extremely active and could stand any amount of jarring. Excepting near the kyphos the spine was very flexible. There was also at the site of the projection a slight deviation to the right, but no sign of rotation.

Dr. Gibney recalled the case of a patient who, without pain and with no history of symptoms, presented a similar deformity of apparently rachitic origin. He had intended to apply forcible reduction.

Cervical Abscesses Complicating Pott's Disease.—Dr. Myers presented a boy, seven years of age, with Pott's disease of the third and fourth dorsal vertebræ, complicated with an abscess discharging in the neck behind the right sterno-cleido-mastoid muscle. The treatment had illustrated the effect of the supine position in securing good drainage. The spine had been protected by a brace, but the discharge was profuse, and the temperature varied between 100° and 103°. When he was placed supine in bed without a pillow, in two weeks the temperature dropped two degrees. He was then allowed to leave his bed and the temperature soon rose to the former level. He was then returned to bed and the temperature subsided as before. The discharge gradually decreased, and when it had nearly ceased he was allowed to be up. His general health was entirely restored, and there had been no discharge for several months.

Dr. Townsend presented a girl, three years of age, with Pott's disease of the upper cervical vertebræ. There was an abscess, the size of a hen's egg, extending around the outer side of the sterno-cleido-mastoid, about half being deep seated, the remainder superficial. Two-thirds of the abscess was posterior to the muscle and over the swelling were a number of enlarged veins. The patient had been put on a frame, and the abscess would be opened without undue delay, by an incision back of the muscle.

Dr. Phelps urged the importance, in similar cases, of early operation to prevent rupture into the pharynx, and the occurrence of tuberculosis from the flowing of the infective material into the larynx during sleep.

Malignant Disease of the Spine.—Dr. Taylor presented a man, 47 years of age, in poor general condition, and giving a history of very severe pain in the lower part of the back for eight months. In that time he had lost much flesh and had been disabled by limitation of motion in the lumbar region of the spine, and difficulty in locomotion and other movements of the body. The upper part of the back was rounded and the spine of the first lumbar vertebra was prominent and deviated to the left. There was a well defined area of sweating in the right loin, probably from invasion of a sympathetic ganglion and vaso-motor paresis. This symptom was not present in tubercular disease of the spine, but he had observed it before in cases of malignant spinal disease. Partial relief would probably follow the application of a jacket, and morphine would be given to control the pain.

Dr. Sayre suggested the use of the actual cautery to temporarily relieve the pain.

Apparatus for Forcible Extension.—Dr. Elliott exhibited an instrument which he had devised for forcible extension, especially for the reduction of the congenitally dislocated hip. It was light and inexpensive, and consisted of a small rectangular frame about 6 inches wide and 15 inches long. In the center of the long axis was an extension screw. To a cross-bar on this extension screw, was attached preferably the ends of a skein of yarn which had previously been adjusted to the ankle of the patient. The frame could be affixed to any table or bed, and the force employed, the patient being firmly held by an assistant, could be regulated at will and, if desired, measured in pounds. The instrument, besides being used for reduction of dislocation of the hip as described, could also be conveniently used in the forcible reduction of the spinal column in cases of angular curvature, the proper adjustments being made.

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SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

THE ABSENCE OF SEASONAL DISEASES FROM SOUTHERN CALIFORNIA.

The formal division of the year into four seasons—Spring, Summer, Autumn and Winter—is to most of us but an ultramontane memory. In this section, the reduction to two seasons, the wet and the dry, and principally the latter, greatly simplifies matters as well of observation as of memory.

If the weather is not dry it must be wet, and if it is not wet it is sure to be dry. So, that eliminates the puzzle of monthly adjustment. For it always seemed to us, either that the year should begin with Spring, or that the *quartet* should begin with winter and, if the latter, that January should be its first month instead of its second, according to the rule. We are content long since to have left the perplexing tangle behind us. Yet there lingers a vivid recollection of what may be termed a seasonal pathologic order which was associated with this zodiacal division. In the springtime rheumatic affections were to be expected. Whatever else might demand the doctor's time and skill, rheumatism, simple or complicated, idiopathic, or as a mask to or as masked by other ailments, must always be prepared for.

With the approach of summer, intestinal disorders quite uniformly predominated.

With the advent of autumn came febrile disturbances in great variety, while with the fall of the last leaf and the first snow, respiratory diseases led the list. Were the weather sharp, the snow crisp

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and dry, bronchial affections were in the ascendant, if cold and sloppy pneumonias came to the front. These several pathologic circumnutations were quite as constant as was the changing weather.

Type and degree varies, according to local circumstances. Yet one might with approximate certainty know what enemies he should have to encounter, although he could not predict the nature or vigor of their resistance.

The monotony of this quadruplex arrangement was somewhat mitigated, by the fact that after a sort the general practician became an especialist four times annually—having a rather wide range to be sure. And while his practice was not different from that of his fellows, it differed materially from his own of the three preceding months.

The alternation of diseases and the somewhat regularity of their recurrence facilitated diagnosis and measurably lightened the burden of treatment. Indeed, the former responsibility, as we recall, was frequently assumed with great readiness by the friends or neighbors of the sick, while the latter was cheerfully undertaken by the manufacturers of pharmaceutical preparations.

Here we have no seasonal diseases. Many of the diseases of the East are rarely or never seen here, while those that are, become modified by climatic influences. It may be truthfully affirmed that we have no prevalent diseases, with possibly the exception of tuberculosis, which like sin and poverty, recognizes no quarantine.

Our public health records show that the vast proportion of deaths from this cause occurs among those who have but comparatively recently come here, many of them having been resident but a few weeks or months. The pages of private case books will demonstrate that multitudes of chronic invalids have brought their ailments with them, whatever else they may have left behind. Consequently our entire territory has assumed somewhat the aspect of a sanitarium.

Inquiry will reveal that seldom is a family of five to be found in which there is not at least one invalid. All phases of physical infirmity are represented, and all the regions of the earth; and the chief reason to be assigned for the very general helpfulness of our climate to most of these chronic sufferers, is the absence of seasonal diseases. With a health state below par an intercurrence even of a trivial nature might speedily prove disastrous.

EDITORIAL NOTES.

DR. HERBERT A. JOHNSTON has located in Anaheim.

DRS. E. R. SMITH, M. L. Moore, W. W. Hitchcock and A. C. Rogers leave this week for a month's vacation hunting and fishing in Oregon.

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DR. M. R. TOLAND, of San Jacinto, has opened a sanitarium in that locality.

DR. C. M. HAVILAND, formerly of Santa Barbara, has gone to Butte, Montana, with the intention of locating permanently.

A DEATH occurred recently at Needles by poisoning from an oleander. Parents should be careful to warn their children against this attractive but deadly shrub.

THE Monterey County Medical Association has completed its organization and elected Drs. S. M. Archer and E. K. Abbott, of Salinas, as president and secretary.

DRS. A. AND THOS. DAVIDSON will remove soon to Winslow, Ariz., where they will have charge of the medical and surgical department of one of the copper mining companies.

DR. H. F. WALTER, lately of Wilcox, Arizona, has removed to Tombstone, where he succeeds Dr. H. S. Gordon as County physician. Dr. Gordon will return to California, as the climate is more favorable to his wife's health.

THE San Francisco Health Department have issued a classified list of causes of death and suggestions concerning the physician's certificate, which is of much importance in securing uniformity of classification and nomenclature, thus adding to the value of the statistics of the health department.

DR. J. M. MATHEWS, president-elect of the American Medical Association, spent a few weeks after the meeting at Denver in visiting friends in and sampling the climate of California. The doctor was accompanied by his charming wife, and while in Los Angeles, a small reception was given to them by a few of the doctors and their wives at the California Club.

DR. HARRY M. SHERMAN, of San Francisco, on his return from Denver, where he had been in attendance at the American Medical Association, stopped at Los Angeles. During his stay he was the guest of Dr. Wm. Le Moyne Wills, and was dined by several of his friends at the California Club. His many friends in the city would like to see his genial face more frequently.

ATTENTION is called to the fact that of the 126 deaths reported in June in Los Angeles, 27 were natives of this city, and 13 from the three Pacific coast states outside of Los Angeles, leaving 76 from other states. Eighty-nine of the deceased had lived here less than 10 years. Only one Los Angeles native died of consumption, while 23 from outside parts succumbed to that disease.

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THE Quarterly Meeting of the Riverside County Medical Society, Dr. J. C. King, president, and Dr. A. S. Parker, secretary, was held in Riverside July 11, 1898. The program included the following papers: "Surgery at the County Hospital," by Dr. M. R. Toland of San Jacinto. "Modern Treatment of Typhoid," by Dr. J. G. Baird of Riverside. "Indications for and Method of Surgical Treatment of Appendicitis," by Dr. W. B. Sawyer of Riverside. "Indications for and Method of Medical Treatment for Appendicitis," by Dr. I. A. McCarty of Corona. "Value of Physical Instruction in Schools and Gymnasia," by Dr. Geo. G. Kyle of Riverside.

BOOK REVIEWS.

TREATISE ON DISEASES OF WOMEN FOR THE USE OF STUDENTS AND PRACTITIONERS. By Alexander J. C. SKENE, M. D., L. L. D., Professor of Gynecology in the Long Island College Hospital. Brooklyn, N. Y. Third edition, revised and enlarged with 290 engravings, and four plates in colors. New York: D. Appleton and Company. 1898.

The third edition of Skene gives the medical profession a reference book written by an acknowledged authority, and containing the new and useful things in gynecology as well as the tried and admitted procedures of the past.

Hysterectomy is one of the subjects that is handled at length and fully illustrated. Both the abdominal and vaginal methods are fully discussed. The clamp operation is also given in detail. The unique thing in the book is the vaginal hysterectomy with the authors electric hemostatic forceps. The method of controlling hemorrhage is a general one and is as follows. p. 427. "A portion of the end of the vessel or mass of tissue containing bleeding vessels is seized in a forceps, or clamp and firmly compressed, and while under pressure, heat is applied to the instrument to *desiccate or dry the parts but not to char them.* In this way the walls of the arteries become united and hemorrhage is certainly prevented." The advantages claimed for the electric hemostatic method is that it is clean, reliable, leaves no irritation, seals up lymphatics and hence prevents sepsis, the accompanying nerves are devitalized, hence pain is less. To accomplish this Skene has instruments specially devised. It takes from 30 seconds to two minutes and a half to complete the heating of the tissues. From the cleanliness and almost absolute lack of disagreeable sequelae of this method of stopping bleeding it seems quite likely to become of great value not alone to the gynecologist but to the general surgeon as wel . This original method alone is of sufficient importance to recommend this work to all operators, The surgical treatment of uterine displacements, the use of the endoscope and cystoscope are some of the topics made more at length in this than in the second edition.

Aside from the special consideration of such points as have been mentioned, there is a systematic discussion of the pathology, diagnosis and treatment of diseases, both medical and surgical, of the genito-urinary tract.

THE TREATMENT OF CHOLERAIC DIARRHEA. A COMPILATION OF ARTICLES ON THE TREATMENT OF SUMMER COMPLAINTS. Published by the Lambert Pharmacal Co., St. Louis, Mo.

Those of our readers who may be sufficiently interested to apply for a "cloth bound copy of The Treatment of Choleraic Diarrhea," will be supplied gratis.

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ATLAS OF METHODS OF CLINICAL INVESTIGATION WITH AN EPITOME OF CLINICAL DIAGNOSIS AND OF SPECIAL PATHOLOGY AND TREATMENT OF INTERNAL DISEASES. By Christfried Jakob, formerly First Assistant in the Medical Clinic at Erlangen. Authorized Translation from the German. Edited by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic; with 182 Colored Illustrations upon 68 plates, and 64 Illustrations in the text. Philadelphia. W. B. Saunders, 925 Walnut St. 1898. $3.00

As the editor says, there is no lack of books on clinical medicine, but the beauty, clearness and accuracy of the illustrations of the original German volume are ample justification for adapting it to the use of American students and practitioners. Apt illustrations often convey much stronger and more definite impressions than elaborate description. The colorings are exceptionally true to nature, the exact shade being reproduced in many instances. For instance, the peculiar tint of the phlorglucin-vanillin reaction for hydrochloric acid being accurately pictured, and the characteristic shade of red in the diazo-reaction being faithfully copied.

The diagrammatic representation of diseases of the lungs is a veritable clinic, each illustration representing an actual case, with history, methods of examination, diagnosis and treatment outlined on the opposite page. On the thorax there are placed signs indicative of the phenomena found in the particular case, all pulmonary symptoms being printed in blue, and cardiac signs in red. Urinary sediments are given ideally rather than as actually seen in any individual case. The first six plates have to do with the blood; the next four with microscopy of mouth, nasal cavities and the sputum; plates 11 and 12 treat of the contents of stomach and intestines; following these come the urinary sediments. Before taking up pulmonary and cardiac diseases, the normal projection of the viscera and percutory topography (five plates) is given. The last 17 plates are devoted to a diagrammatic representation of diseases of the abdominal organs.

Part second is an epitome of clinical diagnosis, not differing from other well arranged works upon this subject. Even here the method of handling the subject is pithy and direct, yet as extensive as the concise method will allow.

ATLAS OF LEGAL MEDICINE. By Dr. E. Von Hofmann, Professor of Legal Medicine and Doctor of the Medico-legal Institute of Vienna. Authorized translation from the German. Edited by Frederick Peterson, M. D., Clinical Professor of Mental Diseases in the Woman's Medical College New York, etc., assisted by Aloysius O. J. Kelly, M. D., Instructor in Physical Diagnosis, University of Pennsylvania, etc. 56 plates in colors and 193 illustrations in black. Philadelphia. W. B. Saunders, 925 Walnut St. 1898. $3.50.

This volume, made up chiefly of photographs and original drawings of various lesions and pathological conditions, taken directly from actual cases, supplies the student and physician an enormous array of medico-legal data, such as only very few exceptionally favored people could accumulate in a lifetime. Not only are the illustrations judicious and instructive, but they are of such intrinsic merit that they become an almost essential complement to the systematic works upon jurisprudence. For coroners, assistants, internes at hospitals and all physicians whose duty or pleasure it is to perform post-mortems, this atlas will prove of inestimable value. It supplies at a very moderate price a hitherto marked deficiency in medical literature. Each plate or figure is tersely described on the opposite page. Abnormalities and injuries of the genitalia, appearance of the vagina, womb and the pregnant uterus, the results of parturition, appearance of septic inflammations, the new born child, their viscera, skeleton, etc., the brain as affected by injuries, contusions, etc., the skull as affected by blows, fractures and the like, injuries to various viscerae, appearances of body dying from strangulation, from suicide by cutting the throat, incised wounds, lines of

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cleavage, appearances after gunshot wounds, deformation of projectiles; burns; appearance of drowned persons, and often monstrosities; the blood, mouth, stomach, intestines, kindeys, after the injection of various poisons; these with illustrations of mummefaction and putrefaction changes are the titles of some of the illustrations. It is a work that should be in the possession of all practical investigators, police surgeons, coroners and hospital physicians.

A COUNTRY DOCTOR. By Thomas Hall Shastid, M. D., Battle Creek, Mich. 1898. Published by the author.

This little story, so truthful in its detail, has been published in the "Journal of the American Medical Association," and greatly admired. It is a most beautiful tribute to a father and an old-time country doctor.

DISEASES OF THE EAR, NOSE, AND THROAT AND THEIR ACCESSORY CAVITIES. A Condensed Text-book. By Seth Scott Bishop, M.D., LL.D., Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Illinois Charitable Eye and Ear Infirmary; Consulting Surgeon to the Illinois Masonic Orphan's Home and to the Silver Cross Hospital of Joliet; Formerly Surgeon to the South-Side Free Dispensary and to the West-Side Free Dispensary; Member of the International Medical Congress, The Pan-American Medical Congress, The American Medical Association, The State Medical Societies of Illinois and Wisconsin, The Chicago Pathological Society, etc. Illustrated with 100 Colored Lithographs and 168 Additional Illustrations. One Volume, Royal Octavo, pages xvi-496. Extra Cloth. $4.00 net; Sheep or Half-Russia, $5.00, net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street, Philadelphia; 117 W. Forty-second street, New York; 9 Lakeside Building, Chicago.

This text-book of Dr. Bishop is of convenient size and contains the essentials in regard to the diagnosis and treatment of diseases of the ear, nose and throat. It is more particularly adapted to the use of a medical student in his fourth year when doing clinical work than it is to the specialist.

ORTHOPEDIC SURGERY. By, Jas. E. Moore, M. D., Professor of Orthopedia and of Clinical Surgery in the College of Medicine, of the University of Minnesota, etc., with 177 illustrations. Philadelphia: W. B. Saunders, 925 Walnut St. 1898. $2.50.

This book lays great stress on the necessity of diagnosis, and advantage of simple apparatus, as it is written by a general surgeon who has taught orthopedic surgery for ten years; it is presumed that he could hold to the median way, between interference and neglect. The illustrations are all new and original-they moreover are clear exponents of the text and admirably executed. The chapters on scoliosis and Pott's disease are unusually well depicted, the illustrations elucidating the text in a very satisfactory manner. The introduction discusses the very mooted question as to mechanical treatment or operative interference, diagnosis, prognosis, prophylaxis and therapeutics. Besides the articles on scoliolis and Pott's disease, wry-neck, infantile paralysis, both spinal and cerebral, club-foot and other deformities of the feet, bow-leg, knock-knee, coxa vara, rickets, deformities of the hand, tubercular arthritis, hipjoint disease, the deformities and diseases of the individual joints, ankylosis and congenital dislocations. Orthopedic surgery is so great a boon to humanity, and its beneficial effects can be so greatly enhanced by an early application of its principles, that the putting into the hands of the doctor a well written, practical work that dwells so strongly on diagnosis, especially the early recognition of disease, cannot fail to be a blessing both to the profession and to the people. The new views as to the inadvi ability of passive motion of joints in the event of the slightest inflammation, and the value of quick, forcible breaking up of adhesions under anesthesia in contradistinction from early movement and restoration by long continued apparatus, ought to be heeded by many. The book is full of modern thought on this, the most humane branch of surgery.

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THE DISEASES OF THE STOMACH. By Wm. W. Van Valzah, A. M., M.D., Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital, and J. Douglas Nisbit, A. B., M.D., Adjunct Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital. Illustrated. Philadelphia. W. B. Saunders, 925 Walnut St. 1898.

The authors essay to give a "simple, clear, practical and complete" resumé of the subject. Their classification is original, and the entire book shows marked individuality. It protests against the confusion arising from the habit of naming a condition or a sign of pathological disturbance, a disease in itself. It regards, for instance, abnormalities in secretion, as signs of disease and nothing more, of great value in diagnosis, and hence describes them in their proper connection, and do not dignify them by calling them pathological entities.

After an interesting introduction, the book is divided into five sections:

I. Diagnosis and diagnostic methods, including clinical history, physical signs, functional signs (secretion, motion, absorption, digestive work), bacteriological signs, anatomical signs.

II. General medication, including hygiene, diet, as well as management and drugs.

III. Dynamic affections of the stomach, sensory, secretory, motor, neurasthenic and myasthenic.

IV. Anatomical diseases of the stomach, (1) gastritis, simple, toxic, chronic, (2) ulcer, (3) neoplasms, (4) displacements, (5) obstructions.

V. The vicious circles of the stomach including other organs in the diseases of the stomach, or the stomach in the causation of disease, and the secondary diseases of the stomach.

"Dilatation of the stomach," is discussed (besides under the head of and as a result of obstruction, deformities, adhesions and displacements), more especially under myasthenic gastrica. This the authors call as dynamic affection of the stomach, characterized by loss of power in the muscular layer, varying in degree from a slight deviation to absolute gastric retention. They divide this disease into two stages, myasthenia with stagnation, the stomach slowly emptying itself completely, and myasthenia, with retention, the stomach always containing food. They regard the pathological condition a muscular weakness, and therefore do not describe the resultant dilatation as a disease, but rather as the necessary symptom of the motor insufficiency.

The authors also object to calling all dynamic affections of the stomach "neuroses," holding that these troubles are muscular, glandular, autotoxic, dependent on cerebral lesions, and very few "neuroses" in the proper sense of the word. So this work is not a tame following of the usual models, but in classification has original designs. This book is well worthy of a place beside the several works on the stomach which the past year has brought forth.

RETINOSCOPY OR SHADOW TEST IN THE DETERMINATION OF REFRACTION AT ONE METER DISTANCE, WITH THE PLANE MIRROR. By James Thorington, M. D. Adjunct Professor of Diseases of the Eye in the Phiadelphia Polyclinic and College for Graduates in Medicine; Ophthalmologist to the Vineland Training School for Feeble-minded Children; Ophthalmologist to the M. E. Orphanage; Lecturer in the Philadelphia Manual Training Schools, 1896-97, on the Anatomy, Physiology, and care of the Eyes; Resident Physician and Surgeon Panama, Railroad Co. at Colon (Aspinwall,) Isthmus of Panama, 1882-1889. etc., Second Edition, Revised and Enlarged, Thirty-eight Illustrations, Twelve of which are Colored. Philadelphia, P. Blakiston, Son and Co., 1012 Walnut St, 1898.

It must be gratifying to the author to have a second edition called for so soon after the first appearance of the book. It is certainly one of the most concise and clear-cut statements of the principles of Retinoscopy that has yet been published. It is a book that no specialist or student of the eye can afford to be without.

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 *June, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
Deaths from all causes	126	14.68	76	50	27	13	56	30	118	3	5
Deaths under 5 years	25	...	...	...	...	...	...	...	...	...	...
i. Specific infectious diseases	16	1.86	9	7	2	5	6	3	16	....	1
ii. Diseases of the digestive system	15	1.78	7	8	8	1	5	1	12	2	1
iii. Diseases of the respiratory system	33	3.84	22	11	4	2	15	12	30	....	3
iv. Diseases of the nervous system	19	2.21	12	7	7	2	6	4	19	..	.....
v. Diseases of the circulatory system, blood and ductless glands	14	1 63	9	5	....	1	7	6	12	1	1
vi. Diseases of the genito-urinary organs	9	1.04	6	3	....	2	6	1	9	...	.....
vii. Constitutional diseases	3	.38	1	2	1	....	2	....	3	....	.....
viii. Intoxication, violence, accidents	8	.93	7	1	....	....	6	2	8	....	.....
ix. Miscellaneous diseases	9	1 04	3	6	5	....	3	1	9	....	.....
i. Septicæmia	5	....	2	3	....	2	2	1	5	.	.....
Pyæmia	....	....	....	....	..	....	....	....	....	....	.....
Diphtheria	....	.....	...	....	....	....	..	....	....	....	.....
Erysipelas	....	.....	....	....	....	....	....	....	..	..	.....
Typhoid fever	2	....	1	1	2	....	....	....	2	....	.....
Malarial Fever	....	.....	....	....	....	....	....	....	....	....	.....
Scarlet fever	....	.....	....	....	....	....	....	....	....	....	.....
Measles	....	.....	....	....	....	....	....	....	....	....	.....
Pertussis	...	...	....	....	....	....	....	....	....	....	.....
Cerebro-Spinal Meningitis	4	.....	2	2	..	3	1	..	4	...	.....
Small Pox	....	.....	....	....	....	....	....	....	....	....	.....
Tuberculosis	5	.....	4	1	...	....	3	2	4	...	1
Influenza	....	.....	....	....	....	....	....	....	....	....	.....
Dysentery	....	....	....	....	....	....	....	....	....	....	.....
Syphilis	....	.....	....	....	..	....	....	....	....	....	.....
Tetanus	....	.....	....	....	....	....	....	....	....	....	.....
Carbuncle	....	.....	....	....	....	....	....	....	....	....	.....
Anthrax	....	.....	....	....	....	....	....	....	....	...	.....
ii. Diseases of the Œsophagus	....	.....	....	....	....	....	....	....	....	....	.....
Gastritis	1	.....	...	1	1	....	..	..	....	1	.....
Gastro-Enteritis	4	.....	2	2	2	1	1	..	4	..	.....
Cholera infantum	1	.....	1	....	1	....	....	....	1	....	.....
Peritonitis	5	.....	2	3	2	....	2	1	4	1	.....
Entero-Colitis	2	.....	1	1	1	..	1	....	2	....	....
Appendicitis	....	..	....	....	....	....	....	....	....	....	.....
Typhilitis	....	.....	....	....	....	....	....	....	....	....	.....
Intestinal obstruction	....	.....	....	....	....	....	....	....	....	....	.....
Diseases of the liver	2	.. ..	1	1	1	....	1	....	2	....	.....
iii. Membranous Croup	....	.. ..	....	....	....	....	....	....	....	...	.....
Bronchitis	2	.....	1	1	1	....	....	1	2	....	.....
Pneumonitis	7	.....	3	4	2	2	3	....	7	....	.....
Pleuritis	....	.....	....	....	....	....	....	....	....	..	.....
Phthisis	24	.....	18	6	1	....	12	11	21	....	3
iv. Diseases of the brain	17	.....	12	5	6	2	6	3	17	....	.....
Diseases of the spinal cord	....	.....	....	....	....	....	....	....	....	....	.....
Neuritis	....	.....	..	....	....	....	....	....	....	....	.....
Eclampsia	1	.....	....	1	....	....	....	1	1	....	.....
Epilepsy	....	.....	....	....	....	....	....	....	....	....	.....
Neurasthenia	1	.....	....	1	1	..	....	....	1	....	.....
v Diseases of the Heart	13	.	9	4	....	1	6	6	11	1	1
Degeneration of the Arteries	....	....	....	....	..	....	....	....	..	....	.....
Aneurism	....	.....	....	....	....	....	....	....	....	....	.....
Anæmia	1	. .	..	1	....	....	1	....	1	..	.
Diseases of the Ductless Glands	....	.....	....	....	....	....	....	....	....	....	.....
vi. Uræmia	2	....	1	1	....	1	1	....	2	....	.....
Acute Bright's Disease	1	....	....	1	....	1	....	....	1	....	.....
Chronic Bright's disease	2	.....	2	....	....	..	1	1	2	....	.....
Nephritis	4	.....	3	1	....	....	4	....	4	....	.....
Diseases of the Genito-Urinary Organs	....	....	....	....	....	....	....	....	....	....	....
vii. Rheumatism	....	....	....	....	....	....	....	....	....	..	.....
Diabetes	...	.....	....	....	....	....	....	....	....	....	.....
Inanition	3	.....	1	2	1	....	2	....	3	....	.....
Senility and Asthenia	....	.....	....	....	....	....	....	....	....	....	.....
viii. Alcoholism	1	....	....	1	....	....	1	....	1	....	.....
Suicides	4	....	4	....	....	....	2	2	4	....	.....
Violence and Accidents	3	.....	2	1	....	....	3	....	3	.	.....
ix. Tumors—malignant	3	.. ..	1	2	..	....	2	1	3	.	.....
Tumors—non-malignant	1	....	....	1	....	....	1	....	1	....	.....
Other diseases	5	.....	2	3	5	....	....	....	5	....	.....

L. M. POWERS, M D., Health Officer.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of June, 1898.*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	73	50	62	0
2	73	52	62	0
3	93	51	72	0
4	95	58	76	0
5	94	58	76	0
6	88	56	72	0
7	79	54	66	0
8	73	56	64	0
9	70	57	64	0
10	66	57	62	T
11	69	58	64	0
12	73	57	65	0
13	73	58	66	0
14	75	54	64	0
15	79	56	68	0
16	79	56	68	0
17	80	56	68	0
18	80	56	68	0
19	79	58	68	0
20	77	58	08	0
21	77	59	68	0
22	74	59	66	0
23	75	60	68	0
24	80	56	68	0
25	70	57	64	0
26	75	57	66	0
27	77	57	67	0
28	79	56	68	0
29	79	56	68	0
30	80	60	70	T
31	..	..	..	....
Mean	78	56	67	....

SUMMARY

MONTHLY RANGE OF BAROMETER:

Mean Atmospheric Pressure, 29.88.
Highest pressure, 30.02, date 1st.
Lowest pressure, 29.73 date 29.
Mean Temperature, 67°.
Highest temperature 95°, date 4.
Lowest temperature 50°, date 1,
Greatest daily range of temperature 42°, date 3.
Least daily range of temperature 9°, date 10.

MEAN TEMPERATURE FOR THIS MONTH IN

1878		1885	67°	1892		64°
1879	68°	1886	69°	1893		66°
1880	66°	1887	68°	1894		63°
1881	67°	1888	69°	1895		66°
1882	66°	1889	66°	1896		69°
1883	71°	1890	68°	1897		66°
1884	68°	1891	66°	1898		67,

Mean temperature for this month for 20 years, 67°
Average excess of daily mean temp. during month 2°
Accumulated deficiency of daily mean temp. since Jan. 1, 12°
Average daily deficiency since January 1, less than 1°.
Prevailing direction of wind, W.
Total movement of wind, 3128 miles.
Maximum velocity of wind, direction, and date, 15m, W., 2
Total Precipitation, traces
Number of days with .01 inch or more of precipitation, 0.
Mean Dew Point, 50°
Mean Relative Humidity, 76 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881	.00	1887	.04	1893		.03
1882	T	1888	T	1894		T
1883	.03	1889	.00	1895		.01
1884	1.39	1890	.02	1896		T
1885	T	1891	.00	1897		T
1886	.01	1892	.06	1898		T

Average precip'n for this month for 20 years, .10 inches
Total deficiency in precipitation during month, .10 inches.
Total precipitation from Sept. 1 1897, to date, 7.06 inches.
Average precipitation from Sept. 1 to date, 17.25 inches.
Total deficiency from Sept. 1, 1897, to date, 10 29 inches.
Average precipitation for 7 wet seasons, 25.97 inches.
Number of clear days 6, partly cloudy days 22, cloudy days 2.
Dates of frost, none.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., JUNE, 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cld'y	WIND Direction	Total Mov't
Los Angeles	67.	95.	50.	29.88	76.	0	T	6	22	2	W	3,128
San Diego	64.	88.	54.	29.89	80.	1	.02	23	3	4	SW	4,133
Santa Barbara	64.	90.	48		72.	0	0	18	8	4	E	3,497
Yuma	84 7	112.	58.			0	T	27	1	2		
Riverside	70.7	99.	46.			0	0	21	8	1	W	
N. Ontario	67.4	91.	44.			0	0	25	5	0		
San Bernardino	70 8	99.	45.			0	0	25	5	0		
Pasadena	79 2	99.	62.			0	0	24	0	6		
Redlands	66.1	98.	56.			0	0	30	0	0		
Santa Ana	66.2	97.	52.			0	0	21	8	1		

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter. U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane, Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal,

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OUR ADVERTISERS.

SANMETTO IN HYPERTROPHY OF THE PROSTATE—ALSO IN CYSTITIS.

I have used Sanmetto myself for hypertrophy of the prostate, from which I have suffered for 15 years. My age is 83 years. I have found out the value of Sanmetto, and am persuaded that this remedy will cure me entirely. I prescribed it for two of my patients who suffered with cystitis; one 40 years of age, was perfectly cured from the use of two bottles. The other, 60 years of age, thinks he will never stop it. I think so much of Sanmetto that I, for the first time in my life, feel induced to recommend the same to any physician.

Chicago, Ill. ISAAC SAALFELDT, M.D.

IMPERIAL GRANUM

Is a prepared food that makes friends wherever its merits become known. The writer has been familiar with it for years, and takes pleasure in relating the following clinical test of its merits: "The patient, reduced by disease and from the effect of anodynes necessarily given to alleviate her sufferings, developed malignant cholera-morbus, and for days lay in an almost unconscious condition. As a last resort she was taken to a Boston hospital where the physicians began administering Imperial Granum, prepared as directed for acute cases, in very small quantities. After several trials it was retained, and the strength and quantity was slowly increased. After four weeks' treatment, taking Imperial Granum only for nourishment, she was discharged from the hospital, and a few weeks later endured a severe surgical operation from which she completely recovered, and today seems in perfect health."

NERVOUS PROSTRATION.

My son, aged 12, had been growing nervous over the shock of his brother's death, and seemed to derive no benefit from any remedies used in his case. Had him to the sea shore, change of surroundings and everything that could be done for his benefit, he still grew thinner and worse all the time. I put him on Celerina, and had marked benefit before the first bottle was used, and he has almost entirely gotten over it with the help of another bottle I got for him. I consider it a very nice and efficient nervine, just the thing for the children and nervous and delicate persons, where there is great prostration. I shall use it freely.

N. P. FRASSONI, M.D., Moosic, Pa.

TRUE AMERICANISM.

Physicians and pharmacists, like the masses of the people, have tired of the arrogation of superiority implied by the announcements of foreign manufacture, and are revolting against them. This spirit is especially commendable at the present time, when a vast wave of patriotism is rolling over the land, making the north and the south, the east and the west, as one band of brothers by its magic influence. The Antikamnia Chemical Company, of St. Louis, in all of its advertising matter, whether through the journals or by circular, takes particular pains to impress upon physicians and pharmacists that its goods are made in America, by Americans, and for American use. This enterprising company realizes that the words "made in Germany," or "made in France," no longer possess the influence and meaning they once had. The people of this country no longer scorn or underrate the products of their own native laboratories and workshops.

—*The National Druggist.*

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COCA ERYTHROXYLON.

We need not enter into a full description of the history of the Erythroxylon Coca, as we believe that most medical men are fully acquainted with the principal facts concerning the plant. We may, however recall to mind that the leaf is the only part of the plant used. Very much depends, therefore, upon the plucking of the leaf, and the time at which it is plucked; the subsequent care of the leaf being matter of considerable importance, and affecting very materially the preparations made from it. M. Mariani was the first in Europe who took up the study of the plant, and over 35 years ago commenced manufacturing for the medical profession the various specialties associated with his name, viz., "Vin Mariani," "Elixir Mariani," "Pâte Mariani," "Thé Mariani," "Pastilles Mariani," etc., preparations which are known all over the world, and which have acquired their well known reputation by their purity and efficacy. The stimulating and strengthening property of the leaf in its natural state has been tested by experienced travelers and botanists during several centuries, and it is this invigorating property which the physician wishes to bring into use, and which he is enabled to do in a palatable form by means of "Vin Mariani," this wine being indicated where there is great depression, long continued exhaustion, and where a special stimulative action is desired. "Vin Mariani" is agreeable, palatable, imparting by its diffusibility an agreeable warmth over the whole body, and exciting functional activity of the cerebro-spinal nerve centers. We have frequently prescribed this wine, and we can from practical experience, recommend it.

—*The Provincial Medical Journal*, London, Eng.

"THE SHIP'S DOCTOR."

Intense interest today centers about our gallant navy; and the recent daring exploits of our sailor heroes add new luster to the brave record of the past. Americans are proud to inscribe new names standing for heroic deeds—the names of Dewey, Hobson and Powell.

Whatever tells of warships and the gallant deeds of brave sailors is eagerly perused by the American people. Our navy is the popular theme of story and picture. The brave exploits of our sailors are the absorbing topics in newspaper, review and magazine; and everywhere are seen the pictures of great battleships, graceful cruisers, of sea battles and sailor heroes.

But numerous as are the current chronicles of sea warfare, vivid as are many of the portraitures of battle, danger and death, there has been one void in the record of heroic deeds. Deep down in the bowels of the ship there is hidden in times of battle a phase of sea life of which the world knows nothing, which has not been written of, and which artists have rarely seen or imagined. Few, indeed, are the phases of human life which have not been dissected by the literary anatomist, nor fixed in vivid horror upon the canvas of the artist; and the beautiful brochure, entitled "The Ship's Doctor," which is being issued to physicians by The Arlington Chemical Co., of Yonkers N. Y., is of unique interest. Nor is this interest due solely to the novelty of the subject; for, independently of this, the booklet is notable as marking the highest point yet reached in certain features of artistic bookmaking. The deadly battle horrors, of the surgeon's merciful vocation are full of dramatic opportunities for the artist; but only an artist of power can make such gruesome scenes impressive instead of merely horrible. Mr. W. Granville Smith is such an artist, and he has made for "The Ship's Doctor" a series of battle pictures which touch the highest mark of the illustrator's art. A great naval battle is depicted with thrilling realism, and

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the grim realities of war are uncovered by portrayals of the cock-pit during an action and of episodes of the surgeon's battle duties. Seldom is realism and local color, the very feeling of a scene, better rendered than in these strong drawings; and the force of the artist's worth is preserved by the remarkable character of the mechanical reproduction. A marvellous advance in illustrative art has followed; and the powerful illustrations of "The Ship's Doctor" are among the most perfect examples of a beautiful new art.

The beauty of this booklet, its professional interest and its timeliness, are certain to make a lively call for it, and physicians who have not received a copy should at once send for it, as the edition is limited and will be issued in the order as requests are received. The more important pictures are admirable subjects for framing, and if there are received a number of requests sufficient to warrant the great expense, a series of plates in large size, with liberal margins suitable for framing, will be made and supplied free to physicians. Physicians who would like to have them for framing should make their requests to The Arlington Chemical Co., of Yonkers, N. Y., makers of Liquid Peptonoids, without loss of time.

The hypnotic effect of Bromidia does not by any means represent the sole benefit to be derived from this preparation, but it meets, in a very perfect manner, many other indications involving hyperaesthesia of nerve tips and over-excitability of spinal cord. In doses of one-half teaspoonful, given every four hours for two days, will so benumb the sensory nerve tips of the buccal cavity that dentists can take impressions of the mouth, fit in rubber dams, etc., that would otherwise be impossible on account of the gagging peculiar to some patients. In the hands of the medical practitioner, given in half-teaspoonful doses every four hours, will make life endurable for hay fever patients during the months of August and September. A teaspoonful will completely quiet the paroxysmal pain following childbirth or miscarriage without in any way interfering with uterine contractions. BATTLE & Co., St. Louis, Mo.

THE old chestnut, "it fills a long felt want," applies most conclusively to John Wyeth & Brother's Solution Peptonate of Iron and Manganese. We can only add, that this elegant preparation ought to be familiar to every physician. As a general all-round blood maker, stomachic and tonic, we believe it surpasses in merit, and more prompt therapeutic action, any similar chalybeate combination. For anemic debilitated women and children, it is an ideal remedy.

EPILEPSY.

Clinical experience of hundreds of physicians has proven that "Neurosine" (Dios) is almost a specific in epilepsy. Dose: Two teaspoonsful three times a day, modified as the case warrants. Reliable results cannot be expected if substitution is allowed.

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SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

ADDRESS.*

BY J. H. UTLEY, M.D., LOS ANGELES, CAL.

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

For the past few weeks the bright fire of patriotism has been burning throughout our beloved country, and from every city, town and hamlet from the Atlantic to the Pacific, from Canada to the Gulf, has arisen in mighty chorus the sweet inspiring notes of our national hymn "America." A short time ago Los Angeles' streets were crowded by thousands of citizens who had assembled to bid farewell to their boys in blue. Amid the cheers and plaudits of the assembled multitude, the soldiers marched away to fight, and if need be, to die for their country. We all honor them for their courage and devotion, and pray they may retu n to us unscathed from battle and from sudden death.

Tonight we have gathered together to witness the enrollment of these young men and women for the battle of life. Duty calls them to fight the grim spectres of disease and death, and though they march not under the stars and stripes to the martial music of the fife and drum, nevertheless they have foes to meet who are worthy of their steel. The whole world glories in deeds of heroism, and history immortalizes the bravery of a Joan d'Arc and Sargeant Jasper, but what great historian has adequately portrayed the fearless acts of many a humble physician. It is said that when Ian Maclaren created the now well-known character of Dr. McClure, the hero of "A Doctor of the Old School," he received hundreds of letters from people who were sure they knew just such a man. James Whitcomb Riley had somewhat the same experience after his poem of "Doc Sifers" appeared in the Century Magazine, proving that we have also

*Delivered at the Commencement Exercises of the College of Medicine, June 7, 1898.

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on this side of the water, many a practitioner whose life is spent in noble self-sacrifice.

Whittier says, "This life of ours is sorrowful enough at it's best estate; the highest phase of it is 'sicklied o'er with pale cast' of the future or of the past. But it is the special vocation of the doctor to look only on the shadow; to turn away from the house of feasting and go down to that of mourning; to breathe day after day the atmosphere of wretchedness; to grow familiar with suffering; to look upon humanity disrobed of its pride and glory, robbed of all fictitious ornaments, weak, helpless, naked and undergoing the last painful metempsycosis from its erect and godlike images, the living temple of an enshrined divinity to the loathesome clod and the inanimate dust. Of what ghastly secrets of moral and physical diseases is he the depository!"

The truth of these words is only too apparent, and the fortitude required to constantly strive to lighten the burdens of poor suffering humanity should receive proper recognition. Of necessity he sees more behind the scenes, in the great drama of life, than other actors on the world's stage, viewing human nature at its best and at its worst, and knowledge so gained should make him the most charitable of men. The regular practitioner has shown his love for mankind by the attention he has given to plans for the public good. He not only treats disease and cures it when he can, but is also ever striving to promote the physical well-being of the human race. He deserves credit for the most important reforms in municipal sanitation, having succeeded, after many years of persistent effort, in compelling city governments to enforce measures which plainly tend to prevent disease, such as building sewers, cleaning streets, disposing of garbage, quarantining contagious diseases, vaccinating school children, caring for the sick poor, purifying the drinking water, preventing the sale of impure milk and other unwholesome food. During the past few years, his work in bacteriology has been the means of saving thousands of lives and millions of treasure to the nation. All this he has accomplished, besides instructing his patients how to live properly; what to eat, drink and wear; how to regulate their habits, manage their children and build their homes. In fact, the health and consequent happiness of any community depends, to a great extent, on its willingness to accept and live up to the advice given by its well-educated practitioners. Now, granting that such is the important position in the commonwealth held by the physician, is it not remarkable that his selection by a family is so often a matter of chance? It may be that a so-called doctor's advertisement is seen in a daily paper and upon such insufficient proof of his honesty and ability, the life of a patient is intrusted to him. Absolutely nothing is known of his qualifications of mind or heart, or of his skill, but he is accepted in blind faith, a trust to luck performance, which would be most strongly condemned in any other business relation. Our city is overrun by a large number of unprincipled quacks, who live on the proceeds of promises unfulfilled, and are a disgrace to the honorable profession they are supposed to represent. The public is inclined to regard the prosecution of these illegal practitioners as persecution, possibly because it likes to be humbugged, and many are allowed to practice medicine to whom might better be granted licenses to commit arson and burglary. I hope it will be the good fortune of these young men and women, well qualified as they are for an able and honest discharge of their duties to families entrusted to their care, to meet with complete confidence and loyalty in return, for the obligations are on both sides. A bond of mutual esteem and trust is thus established between the patient and the doctor, which grows stronger as the years pass by, and is of inestimable

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benefit to both. Such a relation gives the conscientious physician the strongest of incentives to prove himself worthy of the dependence placed on him.

The young graduate in medicine of today is much better equipped to begin practice, than were the members of our college faculty when they treated their first patients. Medicine is such a progressive science, that the advance made in all its branches during the past decade is astonishing. Especially is this true concerning the methods of diagnosing and treating various diseases. Instruments of precision for the examination of every organ of the body, are being invented in such numbers that the old practitioner must be constantly on the alert to keep as well prepared to deal with pathological conditions as his younger rival. These facts explain the rapid growth of specialism. Specialism, however, is not a branch of medicine separated by a distinct line of demarcation from general practice. It should rather be regarded as a natural outgrowth from the ripe experience of the family physician who, in the course of years, gradually devotes more and more of his time to the treatment of certain organs which he considers himself most competent to deal with. It is a serious mistake for a recent graduate to give a few months' study to a specialty and without the substantial foundation of experience in general practice, to attempt to pose as an authority on a certain class of diseases. Almost from necessity he becomes a man of one idea, and is so warped in his judgment, that he is liable to ascribe to causes which come within the scope of his specialty, all ills that flesh is heir to. As a natural result there follows incorrect diagnosis, misdirected treatment and irreparable damage done. I do not say this in order to discourage any member of the class of '98 from acquiring skill and knowledge in one particular branch of practice, for which he has especial liking, but rather to impress on his mind the great importance of gaining a general experience in treating the sick, then, when in the due course of time, he enters his chosen field of labor, he will have such a broad education that he will be able to realize that a local trouble is often merely a symptom of a constitutional fault and is not to be viewed and treated only through the means of the speculum or ophthalmoscope. Thus he will become properly qualified and gain the respect of brother specialists, and win the confidence of the general practitioner.

On such an occasion as this, it is generally considered necessary to advise the fledgelings who are about to be pushed out of the parent nest, how to avoid the snares which they are sure to encounter in the big world outside. While such advice is well meant I doubt if it is of much value, for each one must develop strength of character to endure the daily trials and overcome the numerous obstacles to success in professional life, in his own way, or else be swept on in that mighty torrent which bears men's souls to failure and oblivion. To one about to enter the ranks of a crowded profession, there should be comfort and inspiration in the knowledge that true success is not to be gauged by the amount of money made in practice, but by good work accomplished in preventing disease and alleviating suffering. An old physician who had buffeted the storms of life for more than the alloted three score years and ten, and who was greater honored and beloved than any other man in the community, said to me one day: "I have always tried to follow the counsel, which that great American, Benjamin Franklin, once gave to young men. He said, 'Let no pleasure tempt thee, no profit allure thee, no ambition corrupt thee, no example sway thee, to do anything which thou knowest to be evil.'"

And now young men and women, in behalf of the faculty, I wish to express to you our appreciation of your earnest and intelligent efforts in class room and hospital, to master the science of medicine, and to assure you that we shall take the

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deepest interest in your welfare as long as we are co-workers in the art of healing. We feel both pleasure and pride in numbering you among the alumni of our college. We bid you "God speed" in your life work.

Bradbury Block.

PUERPERAL SEPSIS.*

BY GEO. L. COLE, M.D., LOS ANGELES, CAL.

One of the complications which the accoucheur most dreads to confront from the third to the sixth or seventh day after delivery, is an elevation of temperature of considerable degree, coming on either suddenly with rigor, or more gradually, and which he cannot trace to some other cause than a possible infection. He sees before him, under such conditions, the probability of a prolonged, tedious lying-in period, with the possibility of a fatal result. He sees the sick room changed from one of happiness and contentment, following the delivery, to one in which anxiety on the part of the patient, nurse and relatives prevails. All of these conditions annoy the attendant; but of still greater annoyance to him is the thought that possibly, even probably, the whole trouble has been brought about by some fault or neglect on his own part, or that of the nurse, in securing strict asepsis. Not infrequently can the true source of infection be found by careful search in this direction.

While many new classifications of puerperal infection have been made within the past few years, the clinical picture of the disease remains as of old. Usually the fever makes its appearance between the third and the fifth day following child-birth, more frequently on the third day, at the time when the breasts fill with milk, requiring us to eliminate in way of diagnosis a possible mastitis. The temperature rises, either gradually or suddenly to 102°, 103° or possibly 105°, to pursue either a remittent or a more nearly regular course. In some cases the temperature may be for a time practically intermittent and the seriousness of the trouble overlooked, if, as is usually the case, only one daily visit is made. More likely is this to be true where an incompetent nurse is in attendance. When the disease is ushered in by a rigor and high temperature, this oversight, of course, cannot well occur. Much depends now upon promptness of action and a judicious line of treatment. Few occasions arise in medicine or surgery, where the attendant has so good an opportunity afterwards to congratulate himself on having promptly resorted to a proper course of treatment and having continued faithfully to carry it out, if need be from day to day; or, on the other hand, regret delay and want of proper measures taken at the very beginning of the infective process.

The subsequent history of the malady will depend very largely upon whether the infection is limited to the vaginal mucosa and endometrium; whether it extends to the parametrium and so on to pelvic peritonitis and possibly a general peritonitis; or whether the poison is taken up by the lymphatics and produces the purely metastatic pyemia. In the first category we find those cases running a mild course, although accompanied with considerable fever, usually ending in recovery after a moderately prolonged lying-in period. Under the second class are those of greater severity and longer duration, often accompanied by pelvic cellulitis and pelvic abscess, but sometimes ending in recovery after a prolonged and tedious illness. Chills, remittent temperature, profuse perspiration with great prostration, marked tenderness over the hypogastrium and sometimes over the whole

*Read at the Twenty-first Semi-Annual Meeting of the Southern California Medical Society held in Santa Barbara, May 3 and 4, 1898.

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abdomen, mark this class of cases. Abscesses may form, and when fluctuating points can be determined per vaginam, can be drained through this channel. In other instances the abscess may open into the colon or rectum, into the bladder or even externally. Under the third class, in which the primary invasion occurs through the lymphatics, we find those terribly severe cases in which death is apt to occur at an early period, by overwhelming the system with the infection. The heart may become involved with septic vegetations upon the endocardium; the pleura may become infected; the lungs may take on a septic pneumonic process; the kidneys are rapidly involved and death may occur anywhere between the fourth and twentieth day of the disease. There may be more or less distension of the abdomen, but from the fact that it may be slight and is usually not painful in comparison with other forms of the disease, the pulmonary, cardiac or renal complications may be looked upon as the cause rather than as the result of the sickness. In this lymphatic form the onset occurs usually on the second or third day after delivery, and begins with a severe chill, followed by high temperature. The body is bathed in a profuse perspiration. Delirium may occur early or a semi-comatose state is early developed, accompanied by dyspnea. Recurring rigors, with remitting fever, are not so apt to occur as in the class of cases in which the parametrium and cellular tissue are early involved and attended with abscess formation. It was largely owing to this class of cases that the horrible death rate was found in large lying-in hospitals before the time of strict asepsis.

The treatment of puerperal sepsis naturally resolves itself into *local* and *general* measures. No absolute law can be laid down for either the local or general treatment, more than to say that in all cases, without except on, the early and thorough disinfection of the vagina and uterus is imperative, and that the general treatment should be supportive to the highest degree. Under the head of uterine disinfection comes curettage and intra-uterine irrigation. While by some there may be raised the objection that in curettage there are two dangers, namely, perforation of the uterus with the curette and the possibility of opening up new channels of infection, nevertheless, one good thorough curettage at the first onset of the elevation of temperature seems not only advisable, but the efficiency of such a procedure is so well established that good practice demands it. By curettage is not meant simply carrying a curette within the uterine cavity to be turned about two or three times and withdrawn, but rather the cervix should be grasped firmly with a tenaculum or volsellum, while the whole uterine surface is thoroughly gone over with the curette. This should be preceded and followed by an antiseptic intra-uterine douche of one to four thousand (1 to 4000) sublimate solution, or some other antiseptic, after which hot sterile water should be used. If done promptly at the beginning of the infectious process there should be no danger of perforating the uterine wall. This could only occur, in ordinarily skilled hands, later in the disease when the tissues become softened by the continued infection. There may, and probably will be, only one curettage required. The amount of irrigation can only be determined in each individual case. In some it may be wise to irrigate one to three times daily for a long period, while in many cases after the first curettage and irrigation, only a few subsequent irrigations will be needed. This will depend largely upon the condition of the temperature and the result of each washing. It should be continued until there is no *debris* to wash away.

The general treatment will consist of antipyretics, probably the best of which is antipyrin, *used guardedly*, to control high temperature, with the use of strychnia and possibly digitalis. Alcholics are useful in many cases. The diet should consist largely of milk given in abundance.

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The treatment of this infection by antistreptococcus serum has attracted considerable attention of late, and many cases are reported where it acts as magically as the antitoxin of diphtheria does in that disease. In using it there are a few points to be borne in mind. First, that not all cases of puerperal fever are due to the streptococcus infection. It may be laid down as a rule, however, that the more severe forms of the disease are always due to this microbe, and usually those cases ushered in by a chill and a temperature above 104° F., are due to this coccus. Some of the milder forms are due to the staphylococcus, or other infection, and should, therefore, not be expected to be relieved by the antistreptococcus serum. The ideal manner of using it is to have cultures made from the cervix and limit its use to those cases in which the culture shows the streptococci. As with the antitoxin of diphtheria, it is to be remembered that in order to receive the greatest benefit from its use it must be employed early, before the infection has caused organic changes in the various organs, as it should not be expected to repair a diseased heart or kidneys or to be of much value after the formation of metastatic abscess.

Potomac Block.

REPORT OF A CASE OF TEDIOUS LABOR, LASTING SEVEN DAYS.*

BY LOUISE HARVEY CLARKE, M.D., RIVERSIDE, CAL.

Mrs. C., primapara; age 28 years. Previous history good; menstruation, regular, painless. The patient was by occupation a dressmaker, and during her gestation, excepting the last month, was obliged to work at her trade. She complained at times of pain and tenderness over the uterus and in the right ovarian region. This trouble was relieved, for the time, by a saline cathartic.

The patient entered the Sisters' hospital February 15, that being the date of the expected confinement. That night she had some irregular pains in the back, and down the thighs. I was called in the morning, but the pains had stopped. On examination I found the head well down, but not fully engaged, and, excepting a long and not very hard cervix, everything was normal. I was not called again till the morning of March 6th, when labor began with, as reported by the nurse, quite a show of blood. The position of the presenting part was L. O. A. The head was wedged into the pelvis, and no bag of water formed. The cervix was about an inch long. The pains were strong and regular, and they continued so for five long days and nights. At the end of the fifth day, the cervix uteri was effaced and the lower segment of the uterus had become very thin; there was no bag of water, and the hard fetal head pressed directly on the much thinned uterine tissue. The os uteri seemed impervious, glued together. It was impossible to insert even the tip of the finger. Thinking that the labor had gone on long enough, and that interference would not be meddlesome midwifery, I called in Dr. Rose T. Bullard, who kindly came to my assistance. The patient was anesthetized, and the cervix dilated to about the size of a half-dollar—the smallest uterine dilators being used. We thought now that the labor would go on without any further interference, but in that we were mistaken. After waiting hours with no change in the os uteri, although the uterine contractions were strong and regular, the patient was again anesthetized, and forcible dilatation accomplished with the fingers, much after the method described by Dr. S. Marx, in the *Medical Record*, of April 2nd.

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Finally, on the eighth day of labor, after another interval of several hours' waiting, the pains proving inefficient, the patient was delivered by Dr. M. L. Moore, with forceps, of a ten-pound boy. There was no laceration of the cervix or tear of the perineum. The lying-in was uneventful, with one exception, the milk did not come in till the sixth day. The pulse and temperature were normal through the entire time. The patient left the hospital on the sixteenth day after the birth of the child, and has been well ever since.

This case is interesting and instructive in many ways. The splendid condition of the patient throughout the entire labor and lying-in—due largely to nature, and in no small degree to the treatment and the care, is worthy of note. She was generously fed, was given warm antiseptic vaginal douches and sitz baths, and was carefully watched so that she should not become exhausted. Chloral and morphia were given as needed. It is also of interest to note that the patient did almost nothing to aid in the labor, and that every thing had to be done for her. Even the bag of waters, which owing to the fact that the amniotic fluid was held back by the advancing head, did not form at first, was made to do so, by placing the patient in the knee-chest position and making upward pressure on the fetal head. The bladder came in for its share of trouble, being pressed upon so long by the presenting parts, the patient was unable to void the urine, and for the last two days of the labor, had to be catheterized.

This case shows plainly the advantage of placing the parturient patient in a good hospital, under the care of a competent nurse. I doubt very much if this patient's life could have been saved had she remained at home. And finally, this case stands out as a striking example of the success of antiseptic midwifery, and is another triumph for the gospel of cleanliness.

In closing, I would say that the successful termination of this case is largely due to the wise counsel and assistance of Dr. Rose T. Bullard and Dr. M. L. Moore.

THEN AND NOW.

BY F. A. SEYMOUR, M.D., LOS ANGELES, CAL.

The dispatches from the front reporting the infrequency of suppuration in gunshot wounds, and the small percentage of amputations, are gratifying evidences of the thorough equipment of the medical staff, both as to qualifications and supplies. Never before in the history of the world has there been so large a number of intelligent, competent and conscientious surgeons, ready to respond to the demands of war. This has been made possible of late by the rigid exactions of our leading American colleges, in length of course, and thoroughness alike of clinical and didactic work, together with the superior postgraduate facilities, well nigh continuously available in the medical centers of the nation. As a consequence, unqualified practicians of ten years' experience are exceptional; while fresh graduates from four-years' schools are more likely to be better fitted for the emergencies of military practice, than were multitudes of mature physicians, when last the country made call for help.

The recent creation of bacteriology, the resultant development of preventive medicine, the approximate perfection of asepsis and antisepsis, chemical discoveries, pharmaceutical adaptations, surgical instruments, and mechanical appliances, have combined in magnificent array to aid the physician of today in his beneficence. Beside the conditions existent during the civil war, those of the present furnish, not a comparison but a contrast.

The surgeons of our regular army and navy have always occupied front rank in the profession for intelligence and skill. The world's highest medical attainments

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have ever been their successful aspiration. And yet our civil war found us without an American work on military surgery. The four surgical works adopted by our medical department, for issue to field and general hospitals, were by English and German authors. Prof. S. D. Gross had issued the first edition of his great work on surgery, in 1859, and a second in 1862. In May, 1861, he published his Manual of Military Surgery, a compact little volume, four by six inches, of 186 pages, well written, exceedingly practical, which probably was the sole medical library of many a volunteer surgeon in the field. Up to its date it could not well be surpassed. That as much may be affirmed of his greater work, goes without saying. Both of them lie before me as I write. As a matter of curiosity I turn to the chapter in the latter on Suppuration, and read, "Pus, when genuine, or as is not unaptly termed, good, healthy, or laudable, is of a white, yellowish tint, opaque, homogeneous, etc., etc."—and the dear old volume of tender memories goes shut, to be relegated to the large and interesting company of the *has beens*. Now, whatever its characteristics, we recognize pus as bad, filthy, and damnable, and rejoice that under the most unfavorable surroundings, our indefatigable surgeons in Cuba have been able largely to exclude from the field of their operations, this enemy of all sanitary righteousness.

The only wound infection recognized during the civil war was hospital gangrene. When possible, this was isolated, and treated locally with either nitric acid, permanganate of potash, or preferably by bromine. The staple disinfectant was Labarraque's solution of chlorinated soda, but it was employed more for the purpose of removing offensive odors, than for the destruction of their causes. Carbolic acid was not then known outside the laboratory. It was not recognized by the U. S. P. until 1870. Salicylic acid had not been evolved; nor did it align with its congener until 1874. Nothing was known of the topical virtues of bichloride of mercury in weak solution, and alas, not enough was known by extemporized nurses of the virtue of clean water in wound treatment. Absorbent cotton, sterilized gauze, what boons they would have been—but they were unknown. For the control of traumatic hemorrhage dependence was placed on the Petit tourniquet, but one of which was found in each operating case. Esmarch's bandage, and the later automatic solid rubber cord have been invented since. There were no such things as snap forceps. The aspirator was not an accomplished fact, until 1869. Although the hypodermic syringe had been introduced into the United States, it was not yet in general use. The hospital in which it was my privilege to serve, had a maximum capacity, including barracks and tent divisions, of 5,200 beds, and was as well equipped as any similar institution anywhere, having everything on the list of supplies, and some that were not. and yet it had but a single hypodermic syringe; and of the 83 surgeons on duty there, first and last, not one found use for it. The clinical thermometer was then unknown in this country. The list of valuable medicines and preparations to which we now look with confidence, but which had no existence then, would fill many pages such as this.

The bromides were in the incipiency of their experimental stage, and for several years after the war were medical luxuries beyond the reach of the average patient. Chloral hydrate was not made available until 1869, and then it was too expensive for ordinary use. Glycerine, though available, was too costly for common employment, Vaseline had not yet arrived. There were no capsules. The active alkaloids now deemed so essential, such as aconitia, apomorphia, digitaline, hyoscine, pilocarpine, etc., etc., had not been produced; while nearly 20 years had elapsed after the close of the civil war before the invention of hypodermatic tablets.

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The surface only of the contrast has been touched, yet we trust enough has been said to make apparent the increased responsibility that attends the superior advantages of the present, and to stimulate the younger members of the profession to make the contrast even greater in the generation to come.

357 South Broadway.

SURGERY IN SAN JACINTO VALLEY.

BY M. R. TOLAND, M.D. SAN JACINTO, CAL.

VICE-PRESIDENT SOUTHERN CALIFORNIA MEDICAL SOCIETY; COUNTY PHYSICIAN RIVERSIDE COUNTY.

Mr. Chairman and Fellow Members of Riverside County Medical Society:

In response to the request of our worthy chairman, I will read to you a short paper on Surgery in San Jacinto Valley, and not Surgery in the County Hospital, as stated, for the reason that my own private practice furnishes a much larger field for surgical work than does the County Hospital. However, I will report cases from the hospital also.

I will not attempt to give you in detail, with each case, the needed preparation for operation, nor the very necessary aseptic and antiseptic precautions which have done so much to insure success in the healing of wounds by first intention since Lister's time. But rather be assured that everything pertaining to a surgical operation, minor or major, both as to sterilizing instruments, dressings of all kinds and bandages, and rendering aseptic the field of operation, is done in every case.

We are neighbors and yet we rarely ever meet, especially professionally, which I very much regret. We, of San Jacinto valley, are too far out to learn much and hence we ask your forbearance while we report a few cases that have been very interesting to us, at least.

When I read before this society, about three years ago, a report on three cases of poisoning, mother and two children, I was at a loss then to decide what drug was used, and while I have made every effort to learn cause of death, am still at sea.

Now I will report a few of the cases of operative surgery that have come under my immediate observation.

CASE I. Male, aet 35 years. No history of syphilis or tuberculosis. He came from one of the saw mills located in the San Jacinto mountains, near Strawberry valley. He was suffering very much from painful micturition. The tenesmus was something awful. The urine I examined was very cloudy, and had a very strong ammoniacal odor. Much pus was found, some red blood corpuscles and a trace of albumen, no sugar.

I treated him for cystitis and gave him supportive treatment. He was relieved in a measure, but the pus, discharged with the urine, kept on increasing in quantity. Fever kept up every day. Up to this time, July, 1896, he had not complained of pain in back at all. One day when he came to my office, I noticed that he did not stand erect, neither did he straighten the left thigh, but kept it fixed on the body. I made an examination of the back and diagnosed psoas abscess. He agreed to an operation, which was made in the back down to the psoas muscle. A large abscess was opened and curetted, the kidney was examined and an abscess in it was opened. The kidney was washed out as well as the ureter, through a catheter in the kidney incision, into the pelvis. The wound in back was packed with sterilized gauze, and as much of the opening sutured as was not needed for thorough drainage. The kidney did well and gave no trouble, but the psoas abscess cavity was a long time in healing.

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He, after about four months, was able to attend to light business and was comparatively comfortable. After some eight or nine months, he came again, suffering with the other kidney, as he thought. He soon developed anuria and died of uremia a few days later. Autopsy revealed multiple abscesses in both kidneys and bladder walls.

CASE II. Mexican, aet 24, came to the hospital. He suffered great pain in the bladder, especially after voiding urine. I examined him with a searcher and found a stone in the bladder. After careful preparation I made a left lateral perineal incision into a grooved sound which was in place in the bladder, and extracted a stone, weighing 320 grains. I drained the bladder through the urethra, with a soft catheter. The incision was thoroughly cleansed every day with 1 to 2000 mercury bichloride and antiseptically dressed. Patient made a good recovery and the county assisted him to his home in Mexico.

CASE III. A boy, 11 years of age, was brought to me, January 8th, 1898, suffering from a painful swelling in the right tibia. He, some three weeks previous, had advised with a homeopath, who pronounced it a green stick fracture, and had him, who was walking around at the time, apply a liniment, with the assurance that he would soon be well. I was sure this was a case of periostitis, and made counter irritation over the tender swelling, and gave iron iodide for a while. I then made a long incision down to the bone. This did no good and on March 9th, anesthetized the boy, and operated on the leg. I made a long incision to give me plenty of room, retracted the periosteum and trephined the soft enlarged bone, chiseled and curetted away everything suspicious looking. For a time he did well, but the bone soon began to enlarge again, when, for the first time, I suspected sarcoma. Manipulating the leg, I noticed there lacked bony resistance. About April 20th, I again laid open the leg and found no bone, so amputated above the knee. This boy is now well.

CASE IV. Male, aet 24, was shot accidentally, or rather not accidentally, but for a badger. The patient had been revelling in a protracted drunken spree for two weeks, and fell from his buggy in a heap, or doubled condition, in front of a neighbor's gate. One of the sons returned home about 12 M., July 18, 1897; saw the badger which he had seen there before. He had promised himself to kill the animal when another opportunity offered. He went into the house, returned and shot the man in the right shoulder. He brought him immediately to me in almost a dying condition. I examined the wound made by the shotgun, and found the shoulder badly fractured. I washed out the ugly hole with hot bichloride solution, packed with gauze, and sent for his relatives, who were near by. In his drunken condition, the shock was something frightful. It took all the bottles of hot water we could put around him, with strychnia, digitalis, some morphia and atropia, for about six hours, when we were gratified to see him better. As soon as we could get to it, we operated on the arm, not knowing just what was best to do. An incision from the acromion down to the middle of the arm soon revealed the true state of things. The head of the humerus was exsected, and all the pieces of bone were removed. The glenoid cavity made clean and aseptic. I followed the track of the discharge over the shoulder and down on the scapula; laid it all open and away behind on the scapula, I took out the charge of shot and wad. This extensive wound was thoroughly asepticized, and sutured as much as necessary and packed. After a thorough dressing, patient was put in a warm bed.

When I removed the head of the bone, I examined very carefully and remarked, "I am afraid there is gangrene here." All went well for 24 hours, when I noticed an edematous condition of the arm, which I thought ought not to be

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there. I noticed a crackling sensation on pressure in the soft tissues contiguous to the gun-shot wound. I knew it was almost over with him, yet I reopened the wound, and thoroughly curetted and applied nitric acid, and dressed, or first packed the open wound with gauze, wrung from a 3 per cent. formalin of a 40 per cent. solution. Although all offensive odor was effectually stopped, and the swelling did not increase, yet the gaseous emphysema extended till patient, about 96 hours after operation, died. The short time after receiving the injury till gangrene came on the scene, is a perplexing problem to me.

CASE V. A male, aet 58, was admitted into the hospital, January, 1898, for some trouble in right side. After getting the man's history, I diagnosed recurrent appendicitis. He had attacks of great pain in right iliac region, about three times in 12 months. I informed him of his condition, also what could be done for him. After carefully preparing him for about 10 days, I made an operation for his relief. An incision was made over the hard doughy tumor. I very carefully dissected my way down to the peritoneum, which, by the way, owing to very extensive adhesions, was very hard to recognize. When the abdominal cavity was entered, I found a ball of omentum, intestine and almost any other thing you can imagine, bound together so very firmly, that it took much careful dissection to free them. This mass was suspended by a thick, wide pedicle of organized tissue, from the muscles lining the inner surface of the ilium. Every part of the toilet being finished, I severed this connection and dropped all in. I fully expected to find an abscess neatly walled off to itself, but no pus was found. The exudation was so extensive that it was next to impossible to move the bowels without salts. After the constriction and enlarged appendix were removed, the abdominal cavity was carefully mopped out, and being satisfied there was no hemorrhage, the wound was closed and the patient put to bed. Patient made an uneventful recovery and was discharged cured about two months after operation.

CASE VI. One of your city wood choppers. aet about 65, was admitted into the hospital in September, 1896, complaining of much oppression in left side and cardiac region. He had night sweats and fever. Was much depressed generally. His breath was very offensive. Said he had had an attack of pneumonia. There was very little respiratory movement on left side, and circumscribed bulging of intercostal spaces, so I explored with hypodermic needle, and filled it with a greenish, dirty looking fluid, which was very offensive. I made an incision just anterior to axillary line in the sixth interspace, when a full pint of the above described offensive fluid escaped. The gangrenous odor was so pronounced, that all my helpers left the room until I could sweeten up things a little with formalin.

The man died the second day after the operation. Autopsy revealed a cone-shaped cavity, three inches in diameter at its base, the center of which happened to be my incision. This cavity, which was surrounded with hardened walls, extended upward, backward and to the right, it pushed up the left lung and heart, and pointed almost at the right scapula.

CASE VII. Miss E., aet 22. This was a case of mastoiditis, resulting from an inflammatory condition of the middle ear. She is a very timid girl, and suffered from earache for two weeks, when there was quite a discharge, which ceased after a few days. She then felt faint and weak, and noticed that the bone behind the ear was very sore. She consulted me about January 25th, 1898. At the time the swelling was quite pronounced and extended down the neck. She would not consent to an operation until her condition was so serious that she and her family thought she must die. On February 1st, I operated, after Deuch. That is, a long, circular incision was made from the top of the ear to the tip of the mastoid process. Periosteum was elevated and retracted, the bone chiseled into, where a

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careful search for the antrum was successfully made, and about half a drachm of pus was liberated. A gentle curettement was made, the cavity cleansed with peroxide hydrogen, afterwards with 1 to 2000 mercury bichloride. The external wound was sutured except for drainage, very lightly packed with sterilized gauze and dressed. The lady had no further trouble whatsoever, and was discharged cured in about 35 days from date of operation.

CASE VIII. A child, male, aet five years, residence 12 miles south of our little town. This child had earache for two months, so I learned from his mother, not very severe, but every day he complained of deafness and some pain. She syringed the ear with carbolized water every day, when soon the discharge ceased, but the child could not run or walk as usual, often falling down, when one day about April 20th, he complained of much pain behind the ear, and of dizziness so much that he fell on the floor at her feet, in a semi-conscious condition. She then drove into town to consult me about it. I advised an immediate operation, which was made on same line as first case, with the exception, the edema being so extensive, that I made an incision from the top of first one, extending backward for one and one-half inches, and there found a small sinus discharging pus under the scalp. After curetting gently, the wound was closed except for drainage, loosely packed and dressed. This case gradually improved, till now I see him once a week. I expect him soon to be well.

CASE IX. Mexican, aet 26. On November 20th, 1897, was struck on the head with a crowbar. The wound extended from the supra-orbital notch upward and backward, to the left of the median line for four inches. When I saw him he was bleeding frightfully, and suffering from compression. I first cleansed the wound with hot bichloride water, picked up the bleeding vessels and examined for the fracture, which was soon found and was stellate, depressed and situated about the center of wound. I sterilized my metal nail cleaner and succeeded in elevating the depressed bone. I kept the wound packed for a while with antiseptic gauze, awaiting the results of the operation. The stertorous breathing soon became less, when I proceeded to suture the wound. Before I had finished, he opened his eyes and asked me, calling me by name, what had happened. To satisfy myself that he was fully conscious, I asked him several questions which he answered rationally. I convinced him and his friends he could not see with the left eye, which protruded a little. This man soon recovered, except vision did not return, yet the eye gradually receded to a level with its fellow. He had neuralgia in injured side of the head for quite a long time. Now he seems well, but no vision, yet the tunics, so far as I can discern, are perfect. The pupillary space seems to be clear. Neither are there any injected blood vessels in the eye, and it appears perfectly normal.

CASE X. One more case and I am through. A man, aet 35 years, entered the hospital, June 15, 1898, complaining af great tenderness of left tibia. He had been applying witch hazel for three weeks, yet the leg was steadily getting worse.

I diagnosed osteomyelitis, yet I applied iodine ointment with graduated bandaging externally; iodine with cod liver oil internally. He improved generally, except the leg, which was very painful at night, and felt too full, as he expressed it. July 7th, I anesthetized the patient, made an incision down to the bone, lifted the periosteum and made a small opening in the bone with gouge. I did not have to go far when pus escaped. I then chiseled an ample trough for thorough cleansing, and packing. I closed the flesh wound from both ends towards the opening in bone as much as necessary to leave the medullary canal free to treat and thoroughly dressed it. This morning he feels fine and I have every reason to believe he will get well.

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To give you more would only tire you and therefore make this paper too long, so thanking you, Mr. Chairman, for your courtesy in extending to me the privilege of reporting a few, at least, of the operative cases of our section, I close.

TREATMENT OF CYSTITIS.*

BY D. F. ROYER, M. D., ORANGE, CAL.

The medical treatment of cystitis does not furnish a very satisfactory chapter in therapeutics. It includes such treatment as the physician is called upon to use, supposing the exciting cause, such as a stone or obstruction in the urethra, to have been removed, wherever possible. I say when possible, because the enlarged prostate which is responsible for so many cases of cystitis is, in the vast majority of cases, not removable even in these days of brilliant surgical results. It must also include the treatment of a certain number of cases in which no removable cause is ascertainable, as well as cases where, as with a long previous gonorrhea, the cause has long since been removed, but has left a deep rooted tendency scarcely eradicable.

Acute cystitis is far less commonly met by the physician than the chronic form, while its treatment is far simpler and, I may add, more satisfactory, at least so far as the removal of the acute symptoms is concerned. Rest in bed is a primary and essential condition. A poultice to the perineum and over the abdominal region is always useful, while a brisk saline cathartic should never be omitted. As the feverish state which always accompanies cystitis is more or less constantly associated with scanty urine, concentrated and irritating to the inflamed mucous membrane, it is desirable at once to increase the secretion, and thus dilute it. Copious libations of pure water, to which the citrate or acetate of potassium is added, in fifteen to twenty grain doses for an adult should be allowed. The ordinary spirits of nitrous ether in two drachm doses every two hours is an admirable adjuvant, and may be combined with the officinal liquor potassii citratis. Formerly the mucilage of flax seed or flax seed tea was much used as a diluent menstruum for the diuretic alkalies indicated, but I am doubtful whether it is any more efficient than a like quantity of water. Where there is much pain and straining, as is often the case, especially where cantharides is the cause of the inflammation, opium is indispensable, always in the shape of a suppository, half a grain to a grain of the extract being thus administered, or a proportionate amount of morphine. Iced water injections into the rectum, or pieces of ice similarly applied, are very efficient in allaying the pain and irritation where additional measures are needed.

The successful treatment of chronic cystitis is a much more difficult task, for the following reasons: the constant presence in the bladder of the urine with its irritating qualities, especially to an inflamed mucous membrane; the difficulties in getting remedies to reach the inflamed surface; and the pent up inflammatory products, which in their decomposition often make the urine still more irritating by exciting in it ammoniacal changes. There is no doubt that, if the urine could be kept from entering the bladder during the existence of an inflammation, the latter would rapidly heal; that cure would be facilitated by obtaining ready escape for the pus and mucus formed in the inflammatory process; while happier results might also be reasonably expected if we could secure readier access for remedies to the inflamed areas. None of these indications can be met entirely, hence the difficulty in attaining a cure. They remain, however, the conditions to be fulfilled, and while none can be thoroughly secured, they may be approximated in various degrees. To do this should be the object of treatment.

*Read before the Orange County Medical Association, August 2, 1893.

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First, the irritating qualities of the urine may be diminished by the use o diluents, as already su;gested in the treatment of acute cystitis. From one to two quarts of distilled water should be taken daily. When it is proposed to go further and add to the efficiency of diluents, mistakes are often made. While one can scarcely go astray in adding alkalies to the fluid ingested in acute cystitis, it is very different with the chronic form. In this the urine is often alkaline, or ready to become so on the slightest addition of alkali to the blood. Such alkalinity of urine in turn favors decomposition, the effect of which is to convert the pus, if present, into a tenacious, glairy fluid which the bladder cannot evacuate. Notwithstanding this tendency, I have known liquor potassa and other alkalies to be administered under precisely these conditions—adding fuel to the flame. The indication under these circumstances is to render the urine acid, if possible, although this is very difficult to accomplish. Benzoic acid has the reputation of doing this, and it probably is true of it when administered in very large doses.

The second indication is to medicate the inflamed surface. Two ways suggest themselves: by the internal administration of drugs, and by injection of medicated liquids into the bladder.

To carry out the first methed, an enormous number of vegetable substances have been suggested, the vast majority of which are absolutely useless, except as they serve by their quantity to act as diluents. Among the best known of these are buchu, pareira brava, uva ursi, and triticum repens. I have never known any beneficial results from any of them, and have long ago ceased to prescribe them. The only class of remedies I have found of service in cystitis through their internal administration are balsams. Of these, the balsam copaiba is practically unavailable, because not one stomach in a hundred will submit to its ingestion in sufficient doses or for long enough time to permit it to be of any use. On the other hand, I have found sandal wood oil very useful, and it is about the only remedy of which I can say this for its direct effect upon the mucous membrane of the bladder. I think I may say that I have found the so-called Santal-Midy capsules, which are but a very pure sandal wood oil, better borne than the other specimens of the oil. I have given as many as twelve of these a day for considerable periods of time without deranging the stomach.

Both boric acid and benzoic acid are useful adjuvants to the treatment of chronic cystitis through their antiseptic effect on the urine, each in five grain doses rapidly increased to ten. I have used resorcin in five to ten grain doses for the same purpose.

The application of remedies to the bladder by injections can be conveniently considered in connection with the third indication—the getting rid of the products of inflammation, the pus and mucus, and the compounds resulting from their decomposition. The latter are, of course, not always present, but all who have had much experience with cystitis are familiar with the tenacious, glairy, mucoid matter, which has a stinking ammoniacal odor which quickly contaminates an entire apartment. I know of but one way to get rid of this, and that is to wash out the bladder, and too often this is too long deferred. Tepid water should be first used, and the injection made through a soft catheter. These simple injections, practiced once a day, or in severe cases twice a day, often result most happily. I have seen the pus reduced from large bulk to a mere trace, and micturition reduced from five or six times to once a night. Commonly, after a few injections with plain water, I add some medication. My favorite is the salicylate of sodium in the proportion of a drachm to the pint. Its disinfecting qualities are undoubted and its soothing effect is very satisfactory.

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Where there is a foul odor present I use the bichloride of mercury in solution, but exceedingly dilute, having learned by experience, I never begin with a solution stronger that 1:20,000 but gradually increase the strength if it is well borne; carbolic acid may be substituted for the bichloride of mercury, but it has not been so satisfactory in my hands. Anodynes are indispensable in many cases of cystitis to relieve the patient of extreme pain and the frequent desire to pass water, which are the results of the same cause. Opium is the most efficient and is best introduced by the rectum. Cocaine, from which so much might reasonably be expected, has failed of its purpose in my hands. I have injected as much as two ounces of a two per cent. solution into the bladder without effect, except to produce some of the symptoms of cocaine poisoning. Most disappointing has been the use of cocaine to remove the exquisite tenderness of the urethra which sometimes attends this condition, and is a serious drawback to the use of the catheter. Where there is a greatly enlarged prostate, catheterization is indispensable, and is attended often with the most happy results.

How much can be accomplished by such treatment as the above described? That an absolute and total cure is ever obtained in chronic cystitis is doubtful. Hence the statement at the beginning of my paper, that the medical treatment of cystitis does not furnish a very satisfactory chapter in therapeutics. On the other hand, that a life of suffering may be converted into one of comparative comfort is certainly true, and I have many times seen it. I have more than once seen life prolonged half a dozen years in such comfort by careful attention to the bladder of the kind described.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

REST, A NEGLECTED FACTOR IN THE TREATMENT OF GASTRO-INTESTINAL DISORDERS.—(*Jour. A. M. A.*, July 30, 1898.) Dr. C. V. Spivak. Secure rest by one or all of the following methods:

I. *Rest in bed.* In severe cases absolute rest in bed; no sitting up. Bowels regulated; the bedpan is used. 2. Sponging whole body every morning. 3. Isolation. 4. Massage.

II. *Diet.* In many cases, abstinence. Nutritive enemata. When food is given, whether liquid or solid, it must be in small quantities and at regular intervals.

III. *Poultices.* However they act, they make the patient feel comfortable, and keep him warm and at rest. They may be applied from four to eight hours a day, or all day, for one or two weeks.

Indications:

1. In all dyspepsias, the underlying course of which is a deranged nervous system.
2. In all cases where abdominal pain is present.
3. In all cases of acute and chronic diarrhea.
4. In hemorrhage from the stomach or intestine.
5. In all cases of movable or floating kidney.
6. In all tubercular cases with disturbed digestion, and especially those that have a vacillating temperature record.

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7. I have yet to learn of a disease of the gastro-intestinal tract where the rest treatment is contra-indicated.

In the discussion following the paper, Dr. Tyson said the *rest* treatment was the one thing that will do more or less good in every case of these troubles; the application of therapeutic measures is more or less haphazard. A patient may go one, two or three days without the ingestion of food, if he is in a position not to demand any force; food is a force-producing agent largely.

ATROPINE IN HEMOPTYSIS.—(*Phil. Med. Jour.*, July 16, 1898.) Dr. John D. Thomas calls attention to the value of this remedy hypodermically, and reports cases. Its use in this condition is not new, still it is only mentioned in one or two recent works on the subject. Its mode of action, where given in large doses (gr. 1-50 to gr. 1-25), is evidently through lowering the blood-pressure in the general arterial system. In the cases reported the dosage varied from 1-200 gr., hypodermically, every two or three hours, to 1-50 gr. which, in a severe case, was repeated in from one-half to an hour. It is not expected that it will invariably check hemorrhage, but it has proved itself a potent and invaluable aid. Dr. Thomas refers to nitroglycerine and says, that if for any reason he could not use atropine, he would employ nitroglycerine.

ANGINA PECTORIS AND CARDIAC PALPITATION—THEIR SPEEDY RELIEF.—(*Med. Rec.*, July 16, 1898.) Dr. Beverley O. Kinnear. Reasoning that the pain in angina pectoris is due to a simple hyperemia of the spinal sensory centers, Dr. Kinnear has relieved the attacks by applying cold over the sympathetic ganglia and the spinal cord; a glow of warmth follows over the whole body, evidencing an expansion of the arterioles in active circulation in the body and extremities. One severe case was entirely cured. A spinal ice-bag, extending from the fourth dorsal to the third lumbar vertebra, worn once a day for an hour, entirely relieved the patient, and now after five years there has been no recurrence.

Oxygen, by inhalation, is another remedy most valuable in relieving the attack. Its first effect is to dilate the coronary arteries, and a normal amount of blood—saturated with oxygen—being thus added to the enfeebled organ, the heart muscle is stimulated and strengthened. The secondary action is to dilate every arteriole throughout the body and extremities. He believes oxygen alone will relieve the attacks, but combined with cold to the spine and heat to the extremities, it will be found to be the speediest method available; and if this treatment, without the heat to the extremities, be continued daily for some months, or a shorter time, in a majority of cases a cure will result.

Cardiac palpitation is easily controlled by the same means, taking care to move the bowels regularly and fully, but not excessively. Two inhalations of oxygen three times a day, taken standing and before meals, with an interval of two minutes between the inhalations, are sufficient for the daily treatment of angina pectoris or cardiac palpitation; but in a seizure of angina the tube should be placed in one of the nostrils and inhaled continuously until quite relieved.

FURTHER INDICATIONS FOR APOMORPHINE. The articles, quoted from in our July issue, have called out further communications: (*Med. Rec.*, July 30, 1898.) Dr. F. J. Campbell says it is the remedy *par excellence* in hysteria. Dr. R. Abrahams, after a general endorsement, says that next to sunshine and air apomorphine is with him, the staple remedy in whooping cough. A good working formula is that advised by Dr. Jas. T. Whittaker (Hare's System of Practical Therapeutics), in his treatment of acute bronchitis:

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R Apomorphine hydrochloratis.....gr. ss—i
Acidi hydrochlorici diluti..... gtt x
Syrupi..... oz ss
Aquæ menthæ piperitæ..... oz iss
M. Sig. A half to one teaspoonful every two hours.

PICRIC ACID TREATMENT FOR BURNS.—(*Medical Standard*, Aug., '98.) This treatment was first suggested by Thiery, later by the English pedriatrist, Pomer, who made use of the following solution:

R Acidi picrici..... 5.0 (1½ drs.)
Spts vini..... 80.0 (2½ ozs.)
Aq. destil ..... 1000.0 (1 qt.)
M. Ft. sol. Sig. As directed.

A gauze bandage saturated with this solution, is laid on the parts, which have previously been disinfected, and covered with cotton wadding, secured by a bandage; this is allowed to remain in position three days without change, when a new dressing is applied, which is not removed until healing has occurred. Syla Novitzky (Monats f. Dermat. Pediatr.), has treated eight children, from the ages of seven months to ten years, in this manner, and comes to the following conclusions:

1. The dressing causes a diminution of pain because it is not frequently changed.
2. The secretion is very slight.
3. Healing by first intention is favorably influenced.
4. The scar is smooth.
5. The treatment is practical and cheap, as very little material for dressing the wound is used.

Dr. F. E. Tully (*Jour. A. M. A.*, July 16, 1898.), recommends picric acid as first aid in treatment of burns, hoping that it may be more often tried. He says it deadens pain and allays suppuration, healing spontaneously, the only objection being its staining qualities.

D'Arcy Power, who employed it extensively, used a solution made by dissolving one and a half drachms of picric acid in three ounces of alcohol, which is then diluted with two pints of distilled water, a saturated solution being thus procured.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

MODERN SMALL ARM-BULLETS.—(*Editorial Internat. Journal of Surgery.*)—The modern bullets of small calibre have been adopted comparatively recently by the armies of all the great powers. Investigations in regard to their destructive powers have been conducted within the last two years or so by medical experts, and we are aware of the nature of the wounds inflicted by them. It may briefly be said that small calibre bullets either pass through the tissues with such rapidity and in so straight a line as to cause a mere punctured wound, or else, for reasons we shall refer to further on, produce an explosive effect.

The new missiles must be considered in a double light. The first as referring to their effectiveness as instruments of warfare, and the second relating to the nature and curability of the wounds produced by them.

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It is the impression in many military circles that these bullets lack so-called stopping power. That is to say, in a large number of instances in which men have received injuries which, if caused by heavier bullets, would have disabled them from further participation in battle, they have been able to continue fighting, and their wounds have healed in a remarkably short time. In the matter of small projectiles, sportsmen are apt to be in advance of military men, as having greater opportunities for experimentation. Those of us who have followed the subject in papers devoted to sporting gunnery know that there is not as yet any general agreement on the part of sportsmen as to the relative effectiveness of small and large calibres. For large and dangerous game it is fairly well agreed that large bullets which inflict crushing injury, which splinter bones and cause profuse hemorrhage, are more to be relied on than the smaller missiles. For any but the most dangerous game opinion is greatly divided; the flatter trajectory of the modern bullet, the greater range of the weapon, the lighter weight of gun and ammunition, all tend to make many partisans of the small calibres. Their undoubted power of penetration is also an element in their favor. Now these elements, which are of such importance in hunting are of equal importance in warfare, and while the modern small calibres are undergoing a period of experimentation the close of which might lead to changes, it is probable enough that they represent the tendency in the production of the small arms of the future.

It is evident that from the surgical and humane standpoint, in so far as humanity may be considered as a factor in the case, these small calibres would mark a great improvement over the past were it not for the occasional explosive effects that are observed in warfare. These explosive effects are caused by the tremendous pressure exerted in cavities filled with fluid or semi-fluid contents. As liquids are incompressible, the pressure caused within such cavities causes an explosive effect upon the recipient. It also appears to be probable that at close and at very distant ranges the spinning bullet assumes a slightly wobbling motion capable of inflicting severe injury. We, therefore, have weapons capable of inflicting comparatively "humane" injuries, yet also, possessed of the power to produce ghastly wounds that should have no place in the warfare of civilized nations.

The potential evil of these missiles can be immensely increased, as in the so-called "dum-dum" bullets, by filing the nickel-jacketed points of the bullets, a measure resorted to by some of the English troops in warfare against savage opponents, whom the lack of stopping power of the unaltered bullets converted into formidable enemies. While it is not conceivable that this should be done with the consent of those in command, it is always possible that a treacherous foe may avail himself of this measure, and its mere possibility is a strong argument against the further adoption of the small calibres.

The present war is the first in which these weapons will be thoroughly tested, and in which their effects will receive exhaustive study. It will be of the utmost importance that the percentage of so-called explosive effects to the number of wounds received should be as carefully studied out as possible, since, if it were discovered that these weapons, called humane when they were first introduced, were in reality of a barbarous nature, it would behoove the nations of the world to turn to other armaments more in keeping with our ideas of civilization.

SUPRAPUBIC LITHOTOMY.—(*St Louis Clinique.*) Dr. L. T. Riesmeyer reported a case of suprapubic lithotomy, presented the specimen and said: The patient from whom this specimen was removed is a little boy who was not quite two years of age at the time he was operated, which was a year ago. He had symptoms pointing to an irritation of the bladder; he was a neurotic child, and

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his parents claimed he had had several spasmodic seizures while he was carried on the arm. These spasmodic attacks and the pain which seemed to be located in the head of the penis, according to the statements of the parents, and the anemic condition of the child, were the causes that prompted his parents to bring him to me for examination. Upon the introduction of a sound into the bladder I at once touched a stone which was evidenced by a sharp click which could be felt as well as heard, and the child was operated on the next day.

It is hardly necessary to describe the operation. I will only say I made a median suprapubic incision and I did not sew the bladder, but sewed the external wound, closing the upper portion of the wound by a continuous suture, and leaving a sufficient opening to introduce aseptic gauze down to the incision in the bladder. The stone which was removed is relatively a large one; it seems to be made up principally of urates. A deposit of urates was also found in the urine before the stone was removed as well as for several weeks afterwards. In addition to the spasmodic seizures which this child had, there was another evidence of a neurotic condition, and that was the profuse sweating of the head. On inquiring into the history I found that the child was very fond of meat, a great deal of meat—he lived on meat, as they expressed it. I ordered lithium and a diet of vegetables and a moderate amount of milk. He has improved considerably in general health and the sediment has disappeared. The wound produced by the operation healed quickly and without any inflammatory reaction.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M. D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

A NOTE ON THE TREATMENT OF CARCINOMA OF THE UTERUS.—(*Jour. A. M. A.*, July 9, 1898.) Dr. J. H. Etheridge recommends the use of *carbid of calcium* in inoperable cases of cancer, applied in following manner: The necrotic debris is thoroughly removed by curetting under anesthetic till firm tissue is reached. Hemorrhage from arterial twigs is checked by the Paquelin cautery. Free irrigation with hot water to check oozing if necessary as it is desirable to have the seat of operation as dry as possible before using the carbid. Into the cavity, which extends to a greater or less extent up into the body of the uterus, a piece of carbid about the size of the last phalanx of one's thumb is placed. At once acetylene gas is evolved which quickly fills the entire cavity with a froth, like soap bubbles. The cavity and the vagina are at once packed firmly with iodoform gauze. The patient is then put to bed for three days, when the gauze and the carbid remains are removed by sponging and irrigation, and a new piece is used. After a series of such applications, the ragged, necrotic-faced ulcer is converted into a simple, clean, ulcer. Futher persistence in its use is followed by progressive contraction till finally the cavity is entirely obliterated. There is a puckering of the vault of the vagina about the small uterine os that remains, the whole field being covered by healthy pink mucous membrane.

No conclusions can yet be drawn as to results. One thing seems to be certain and that is that the carbid of calcium at least postpones death and makes carcinoma patients vastly more comfortable, while they do live, than any treatment known to the writer.

LIGATION FOR FIBROIDS A MARTINIC FAD.—Dr. Von Hoffman in his recent address on Fibroids, at the meeting of the California State Medical Society,

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said: The ligature of the uterine arteries is another fad. The blood supply of a fibroid can be stopped only when all six arteries are tied. This operation requires the opening of the abdomen, and necrosis may be the result. Tieing the uterine arteries only cannot have any permanent effect.

It has been and is recommended to remove both ovaries, to bring on the menopause. The results have shown that castration should not be done in cases of sub-mucous fibroids, in sub-serous fibroids, when they have a pedicle, and in large interstitial fibroids. The operation gave good results only in cases of small interstitial fibroids, reaching not higher than the umbilicus. The removal of such tumors is generally easy, and I believe that castration should be performed only when the patient cannot stand the shock of removal of the tumor and uterus. In the mentioned case, the removal of the ovaries, done for other purposes, brought on the menopause, but could not stop the growth of the sub-mucous fibroid.

HERNIA OF THE OVARY.—Dr. B. Bernard Browne (*Maryland Medical Journal*, July 9th), thus sums up his conclusions in a paper read before the American Gynecological Society at Boston:

1. That hernia of the ovary, although not very common, occurs much more frequently than has generally been supposed.

2. That congenital hernia of the ovary is almost invariably associated with and caused by some arrest of development during intra-uterine life.

3. That congenital hernia of the ovary is always inguinal, often double, but when single, generally on the left side; it is caused by abnormal descent of the ovaries analogous to the normal descent of the testicles, constituting anomalies of the genital organs, such as embryonic uterus, uterus unicornis, hermaphroditism, etc.

4. That the persistence of Nuck's canal favors its production; also the size and shape of the ovary, which is at first a long, flat body, with its apex pointing towards the canal; also the fact that at the birth of the child the ovaries are yet situated above the ileo-pectineal line and descend during the first few months of the child's life into the true pelvis.

5. That as congenital hernia of the ovary occurs so frequently as a result of arrest of development and borders so closely on pseudo-hermaphroditism, it is important in all cases that the glands, when removed, should be examined microscopically.

6. That the sac in this hernia generally contains the ovary and fallopian tube. It is irreducible, except soon after birth, on account of the adhesions formed and the early closure of the internal ring.

7. That accidental or acquired hernia may occur at any of the ordinary hernial openings, in which case it frequently follows a pre-existing intestinal or omental hernia. They are almost always unilateral and more frequent on the right side. They are most apt to occur soon after labor, when the abdominal walls are relaxed and the uterus and ovaries are above the pelvic brim. Therefore, women who suffer from any form of hernia should be carefully watched before, during, and after their confinements, so as to prevent and rectify any undue strain upon the weak point.

THE TREATMENT OF APPENDICULAR INFLAMMATION.—Dr. Joseph Eastman (*Med. and Surg. Monitor*, June 15th), thus sums up his conclusions regarding this disease:

First. The unqualified dictum, "Operate as soon as the diagnosis of appendicitis is made," is unsound, unsafe, and often pernicious.

Second. Appendicitis is a disease demanding surgical treatment at the hands

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of the expert in abdominal work for the reasons: (*a*) In no abdominal operation is so thorough mastery of the principles and technique of asepsis necessary. (*b*) The operator with experience of hundreds of abdominal sections can give the patient a better chance of life than one who only occasionally opens an abdomen. This need not deter any surgeon or physician from operating in an emergency.

Third. After an attack of appendicitis the patient is carrying an open communication between the intestinal lumen and the peritoneal cavity, which, if temporarily closed, may open at any time by absorption of the exudate or adhesions which have temporarily closed the leaking sinus.

Fourth. The cases cured (?) by medicine should, during their convalescence from the cure (?), be submitted to a surgical cure in fact, not in fancy, for the reason that operation in the intervals between attacks is less dangerous than medical cures.

Fifth. All cases in which an appendical abscess has been opened come under the same head as medical cures (?) and demand surgical cure in fact, not waiting for a second explosion of dynamite.

Sixth. Who would think of living in a house with a burst, leaking sewer, sending out microbic infection and poison, depending on the degree of filth, feces, and fungus granulations or accumulations, to hermetically seal up the opening. It would be contrary to all the best principles of correct science, of good surgery, and of sound sense.

Seventh. "Surgery should be as the handmaid of medicine, not supplanting her mistress nor yet usurping her rights, but rather assisting her to maintain them."

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

CORNEAL ULCERS.—(*Phil. Polyclin.*) Hansell gives for ulcers of the cornea:

Santonin gr i
Calomel gr. iv

Sugar of milk q.s., in four powders, with quick and great benefit. After the powders have acted and the diet confined to nourishing food the disease soon disappears. (Would reverse the quantities of the remedies.—ED.)

CERVICAL ADENITIS; SUPRA TONSILLAR FOSSA.—A thorough curetting of the supra tonsillar fossa will often cause these enlargements to subside. (Goodale and Patersen.)

EXOPHTHALMIC GOITRE; RESECTION OF THE SYMPATHETIC.—Combmate and Gaudier, of Lille, showed a patient at the Paris Academy of Medicine, in April, who had been operated on by resection of the sympathetic for exophthalmic goitre. The results were: 1st. A great lessening of the exophthalmos. 2nd. Lowering the heart beats from 200 to 100, in one week, at the same time the painful pulsation in the precordium disappeared. 3rd. No marked effect on the goitre.

CYCLIST'S SORE THROAT.—Lavat thinks there is danger in cycling on account of the dust bacteriæ, containing as it does microbes of almost all kinds.

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Riders often experience dry and sore throat, with headache, depression and other symptoms of toxemia. He recommends nasal respiration and douching of the nasal cavity, after a dusty run or walk, with a weak and warm solution of some antiseptic.

NERVOUS AND MENTAL DISEASES.

UNDER THE CHARGE OF H. G. BRAINERD, A.B., M.D., PROFESSOR OF MENTAL AND NERVOUS DISEASES, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

TREPHINING FOR EPILEPSY—(*Journal of Nervous and Mental Diseases*, June, '98.) Dr. B. F. Curtis. Four small trephine openings were made, and then a flat director of German silver was passed between the skull and the dura, from one opening to the other. Through this an eye-probe, armed with a string, could be passed. The string served to carry the wire saw. The latter is nothing but a piece of piano-wire having a screw thread cut upon it. It is operated like a chain saw, and cuts very rapidly. The advantage over the electric saw was that it eliminated the uncertainties connected with the use of a battery. The disadvantage of having to put a guard beneath was one which is shared by all the other methods of this nature. As the saws were very cheap a new one could be used for each case. The saw was used on the three sides, and the remainder of the flap broken away. Fully one-third of the brain was exposed in this way. It seemed much easier to him to make these large openings, and work through them, than through the small trephine apertures. The cut with the saw is made obliquely so that immediately afterwards, the bone can be replaced and will rest firmly in place. In this case some atrophy of the cortex and of the under-lying parts was found.

Dr. Curtis said that he had not intended to bring up the general subject of the surgical treatment of epilepsy at this time. He thought that the surgeon would be willing to operate upon a good many of these cases, but two classes should be carefully distinguished, viz., (1) cases like the one just reported, in which there is localization of the epilepsy, and (2) cases like that of the Italian just presented, whose future is hopeless, and whose history is vague. For the sake of the few that might be benefited it seemed to him justifiable to operate. The operation certainly causes a temporary amelioration of the symptoms, and this repays the patient for the slight risk incurred by submitting to the operation. In cases requiring an extensive and dangerous operation the probable benefit is correspondingly great. He was not enthusiastic about this kind of work, and did not speak of the cases reported as "cured," but it was certainly worth while to place them on record. At the present an exploratory operation seemed to him justifiable and desirable.

THE HOT AIR BATH AS A MEANS OF TREATING EPILEPSY.—(Book review in *Jour. Nervous and Mental Diseases*)—In a previous article on the toxicity of the sweats of epileptics, the author, C. Cabitto, showed that the sweat of epileptics during the paroxysm exerted a toxic and convulsive effect when injected into animals, especially rabbits. He, therefore, concluded that the retention of the sweat tended to confirm the theory of auto-intoxication in the genesis of epileptic seizures. The author reports four cases in full, where the hot-air bath was successfully used, and states that in other cases he had equally good results. The length of time that the patient remains in the bath is about one-half hour. The frequency of the bath depends upon the frequency of the convulsions. The author concludes as follows:

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"The hot-air bath has proven in many cases, an excellent means to prevent and interrupt the epileptic seizures. There is hope, when other observations come to confirm these results, that such a method, united with lavage and antiseptic treatment of the digestive tract, not excluding other means for stimulating the secretions, will, in many cases of epilepsy, prove a logical and useful method of treatment, or, at least, a less objectionable one than the bromide treatment.

ACUTE DEGENERATION OF THE NERVOUS SYSTEM IN DIPHTHERIA. —(*Boston Med. and Surg. Jour.*) J. J. Thomas. To sum up, the changes in the nervous system produced by diphtheria are: (1) a marked parenchymatous degeneration of the peripheral nerves, sometimes accompanied by an interstitial process, and hyperemia and hemorrhages: (2) acute, diffuse, parenchymatous degeneration of the nerve fibres of the cord and brain: (3) no changes, or but slight ones in the nerve cells; (4) acute, parenchymatous and interstitial changes in the muscles, especially the heart muscles; (5) occasional hyperemia, or infiltration, or hemorrhage in the brain or cord, in rare cases severe enough to produce permanent troubles, such as the cases of multiple sclerosis or of hemiplegia which have been observed. Finally, the probability that cases of sudden death from heart failure in diphtheria during the disease, or convalescence, are due to the effects of toxic substances produced in the disease upon the nerve structures of the heart.

CEREBRO-SPINAL FEVER.—*Maryland Medical Journal*, July 16th, 1898.) Dr. Wm. Osler concludes an article on this subject as follows:

The treatment of cerebro-spinal fever is not in a satisfactory state. In our first four cases the recovery, as far as one could judge, did not follow the use of any special drugs or any special plan of treatment. The appearance of the meninges, of the cord and of the base of the brain in Case five are not very encouraging as to any possible benefit from medicine. For the fever, sponging and other forms of hydrotherapy should be employed. An ice-cap should be placed upon the head. For the pain it is, as you saw in two of our fatal cases, necessary to give morphine, and it is very warmly recommended by both Stille and von Ziemssen. Bichloride of mercury may be tried, and has many warm advocates. The question of counter-irritation is an important one. That the profession has abandoned in great part the use of blisters is evidenced by the fact that not one of the seven cases was blistered before admission. If thought advisable, the best method is to touch along the spine lightly with the Paquelin cautery. The use of the cold to reduce the fever, the administration of opium to allay the pain, and careful feeding to support the strength of the patient constitute the extent of our therapeutics in this formidable disease.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

(Regular meeting, June, 3d, 1898, the President, Dr. R. W. Miller, in the chair.)

The subject for the evening was Cerebro-spinal Meningitis. Dr. Wellington Burke read a short paper on History.

Dr. H. G. Brainerd opened the discussion by a talk on Pathology and Diagnosis as follows:

It is caused by a specific microbe—the diplococcus intracellularis meningitis of Weichselbaum. This is found in the exudate in most cases of epidemic cerebro-spinal meningitis. It is difficult to demonstrate, and is short-lived. In 111 cases in '96 and '97 in Boston, Councilman, Wright and Mallory succeeded in find-

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ing this coccus in the exudate obtained by lumbar puncture in 55 cases; in 39 instances an autopsy was held and in all but three cases cerebro-spinal meningitis was found. It quite likely invades the organism through the respiratory tract, usually the nasal passages. It is an air-born disease. It is not contagious; of the 111 cases above described 103 different households were affected, and no instance of a nurse becoming infected by her patient is recorded. The most important symptoms are: abrupt onset, intense pain, prostration, delirium, vertigo, vomiting, marked rigidity, twitching, convulsions, coma, petechial and herpetic eruptions; death not infrequently within 24 hours. It is to be differentiated from tubercular meningitis, traumatic meningitis, septic meningitis and pneumonia as well as typhoid fever. This can be done by carefully noting the history, mode of onset, sequence of symptoms and short duration.

Dr. J. H. Davisson discussed the treatment which he said was practically *nil.* Nearly everything has been tried for this disease, the depressants, veratrum-viride, gelsemium and aconite, the alteratives, mercurials and the iodides, quinine and opium. Blistering of the spine, formerly in vogue, has been discarded. The depressant is also out of date; opium in the form of codeia is of especial value, bromides as sedatives, and tonics. Fever or restlessness are best controlled by sponging or by baths.

Dr. L. M. Powers: Since February there have been from four to six deaths per month accredited to epidemic cerebro-spinal meningitis and also there has been an increase of two to three a month over the usual number of reported deaths from tubercular meningitis.

Dr. E. R. Smith reported a case of epidemic meningitis that recovered. He gave calomel, bromide of sodium, tonics and baths. It resembled at first a malignant case of scarlet fever, as it appears just before the eruption.

Dr. R. W. Miller called attention to the fact that the disease often affects the special senses.

Dr. E. W. Fleming stated that the disease showed a marked predeliction for the optic and auditory nerves. Many deaf mutes are so because of the ravages of this disease. The deafness in cerebro-spinal meningitis is due to troubles in the internal ear, and not to the middle ear infections. One of the prominent early symptoms is the aggravated tinnitus.

Dr. Wm. Dodge reported two cases that occured in his family 34 years ago; treatment varies according to the symptoms, morphine for pain, iodides, bromides, and tonics.

(Regular meeting, June 17, 1898, the president in the chair.)

Dr. Walter Lindley outlined the indications for Vaginal Hysterectomy, then gave a detailed description of the technique, freely illustrating by excellent plates. He advocated the use of forceps instead of ligatures.

DISCUSSION.

Dr. J. H. Davisson: The exposition of the subject in this manner has been very interesting and is of great value to us whether we operate or not, in that it shows us what advice to give to our patients as delay may involve so much danger. Cancer of the cervix is more important than cancer of the body of the uterus on account of the lymphatic distribution carrying infection. In primary cancer of the cervix, early vaginal hysterectomy offers the best results. A large class favor the vaginal route, because of less shock and less danger of infection. We are getting away from vaginal hysterectomy, may be making a mistake; think that here there is a greater tendency to do abdominal hysterectomy; where the tumor is of considerable size, the majority would prefer this

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route. There is a tendency to use the combined method both for cancer and fibroids, beginning with the vagina; a better way would be to reverse the method as affording less danger of infection. Unfortunately the diagnosis is often too late—there is not enough attention paid to hemorrhage at time of menopause. The choice of method is often decided by individual preference depending on the knowledge and skill of the operator, as well as the individual case. The vaginal route presents less terror to the friends and patient than the abdominal and will be allowed when the latter would not.

Dr. Carl Kurtz: Do not think you can say beforehand what method you will carry out. I have done all three. In one case I intended to make pan-hysterectomy, but had to make extra-peritoneal stump (would not do it again if I could help it as fistula was left for five or six months.) The second was begun by vagina, found tumor too large, and had to be removed from above. In the third removed the whole uterus, dissecting peritoneum from bladder and from posterior surface of tumor, closing peritoneum with small drainage. Do not think that abdomen should be opened if uterus can be removed by vagina; there is less chance of infection as no one but the operator gets at the field. Czerny's ligature operation is almost as rapid as the clamp.

Dr. O. D. Fitzgerald: The ground has been gone over. Think the vaginal route preferable. Believe forceps is the better method; are easily applied. Do not believe in the indiscriminate removal of the uterus for small fibroid near menopause. Have removed submucous tumor by means of forceps I have devised, taking it out in pieces; may need to slit up the cervix. If case is not giving much trouble, would ligate the uterine arteries which may be easily and safely done.

Dr. Lindley: The ligation of the uterine arteries is yet an experiment, still it may be well to try it. In every case that I have watched and temporized I have felt that it would have been better had we enucleated the tumor or removed the uterus.

Dr. C. Francis S. Tate of Tropico reported the safe and uneventful confinement of a patient from whom Dr. G. W. Lasher had removed an ovarian cyst at about the third month of pregnancy.

ROSE TALBOTT BULLARD, Secretary.

ORANGE COUNTY MEDICAL ASSOCIATION.

(Regular Meeting, August 2d, 1898, at the office of C. D. Ball, with the vice-president, J. G. Berneike, in the chair.)

A paper on "Treatment of Cystitis" by Dr. D. F. Royer of Orange was read by Dr. Dryer (page 293).

DISCUSSION.

Dr. Ball: I think the doctor's experience in the medication of chronic cystitis is about the same as that of the rest of us. The disease is certainly very refractory. I think a great deal is gained by irrigation of the bladder. Think I have seen cases of chronic cystitis cured. From the doctor's experience in the effect of alkalies taken by the mouth I should think he would select boric acid instead of soda salicylate for irrigation. I have used boric acid, carbolic acid and common salt. Had a girl who had the disease for 18 months. She had atrophy of the bladder as a result of the disease, its capacity being only 4 dr. Used irrigations of boric acid and salt under pressure until it would hold over a pint. She finally called herself well.

Dr. Crane: My experience has not been very extensive and has been about as

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unsatisfactory as that of most doctors. I have great faith in irrigation, but the fluid must be used very slowly and under a low pressure. I deplore the action of so many doctors in recommending "sanmetto." In my hands it has been absolutely without beneficial results. I have had no results from specific medication.

Dr. Freeman: I think the maintenance of the alkaline condition of the urine is the best thing in the treatment of this disease. Salol seems to me to be the best internal remedy. It renders the urine aseptic and also has healing properties. In irrigating I am very careful not to cause much pain. To relieve pain I give atropine.

Dr. Dryer: I think many cases of acute and chronic cystitis may be cured. Keep the urine neutral or feebly alkaline. As a local application I have found a solution of soda salicylate to act beautifully. No line of treatment will be successful without irrigation, and I would recommend pure water used with considerable force. In this way dilate the bladder once a day and you have gained a great deal. Nitrate of silver one to five grs. to eight drs. of water is probably the best single application. Where there are many flakes use the latter strength. Have never used salol with benefit.

Dr. Ball read an interesting paper (will be published next month) on "The Hour glass Contraction," which elicited much favorable comment.

J. B. Cook, Secretary.

NEW YORK ACADEMY OF MEDICINE.

SECTION IN ORTHOPEDIC SURGERY.

MEETING OF APRIL 22ND, 1898.

The Treatment of Rachitic Deformities.—Dr. R. H. Sayre read a paper with this title, of which the following is an abstract:

Patients affected with well marked rachitic deformities would not "out-grow" them. Treatment should be active and should vary with pathological stages of the affection. In acute rickets cod liver oil would be of great benefit and phosphorus in the elixir of the national formulary would yield good results, given three times a day in doses as large as the 50th of a grain. When the bones were soft they should be subjected to manipulation, and the child should be kept in the recumbent position which is best done, if there are spinal deviations which require special attention, by the use of the cuirass. The two great aids of fresh air and sunshine would thus be invoked and would be not less effective than treatment by the use of drugs. Instruments should be applied in order to retain the improved position secured by manipulation. In decided knock-knee or bow-legs if the bones are not too hard, the deformity might be corrected by the plaster of Paris bandage changed in the shape and in the degree of its pressure from time to time by cutting out a section of the plaster at the point of greatest deviation, inserting a wedge in the cut and applying additional plaster to retain what is gained. In similar cases of coxa vara depending on a rachitic process in adolescence the deformity could be overcome by traction in the recumbent position. When eburnation was established efforts to correct deformity by manipulation or by instruments would be a waste of time and the osteoclast or the chisel should be used, the latter when the division was to be made near a joint and the former when the force was to be applied at a point an inch or more removed from a joint. In some extremely rachitic subjects non-union followed

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an operation from delayed formation of new bone cells, due to eburnation and and impaired nutrition. A not uncommon manifestation of rickets was seen in pigeon-toes the result of an instinctive turning in of the toes to avoid receiving the weight of the body directly on the weakened tissues of the foot. Injudicious efforts to induce the toes to turn out might lead to flat-foot and increase the usually present tendency to knock-knee.

Dr. S. Ketch had used phosphorus, in the treatment of rickets for 20 years, with excellent results. He preferred a compound syrup of the hypophosphites containing lime, iron, potash and soda without strychnine. Manual force was of benefit in nearly all cases, especially when the patients were off their feet. When they began to walk, gratifying results would follow the employment of the usual bow-leg and knock-knee apparatus. Unless there were exceptional reasons for protecting the spine, he would not use any restraining apparatus like the cuirass for recumbent patients. Time should not be wasted in waiting for the patient to "grow out" of the deformity.

Dr. A. M. Phelps said that at the beginning of the treatment, the patient should be taken off his feet, and if the bones were not hard we should bend the bones, producing perhaps a green-stick fracture and thus straighten them by manual force. Bones that had become sclerotic required osteoclasis or osteotomy. The later should never be done in children under 12 years of age unless demanded by some unusual condition and in all cases osteoclasis should, as a rule, be preferred to ostectomy. Non-union was found only after ostectomy and it was attended with some danger, deaths have been reported, whereas these accidents never occurred from osteoclasis.

Dr. Ketch opposed operative procedure in the early stage. The experience of the past and of the present day showed, that manual force and mechanical treatment were sufficient to effect a cure. A speedy rectification of the deformity by an operation was misleading, because the time required by the mechanical treatment after the operation was as long as it would have been if no operation had been done. In no way except mechanically, could the child be protected against a return of the deformity.

Dr. A. B. Judson said that in orthopedic practice operations should, as a rule, be avoided. The patients were children and the question of time was unimportant. If pressure were applied in the direction opposite to the deformity, and due time and attention were given, the natural growth was a curative agent. If treatment were begun early and the patients were taken off their feet the deformities of rickets especially were curable by mechanical methods alone.

Dr. R. Whitman said that the slight deformities of children should receive more attention than was customary. He had observed that pigeon-toes were, as a rule, symptomatic of rachitic, knock-knee or flat-foot and represented an effort of nature to restrain deformity. Many cases of coxa vara had their origin in infantile rickets. The deformity of the femoral neck was latent in childhood. During adolescence the neck, being from its depression subjected to greater strain, gave way and deformity and disability followed. In the same way adolescent knock-knee was in many instances an exaggeration of a slight deformity in infancy. In extreme cases of coxa vara he thought that restoration of abduction by division of the neck of the femur was generally required, and that in any kind of a case, simple extension would not often be effective.

Dr. C. N. Dowd said that after osteotomy above the femoral condyles he had found that the corrected position could be perfectly maintained by carrying the plaster of Paris to the upper part of the thigh instead of enclosing the thorax. A towel was put between the knees and the feet were tied together. Cleanliness

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was thus promoted and the children sat up in bed, ate in comfort from a tray and could play with toys without interfering with treatment during the period when the bones were uniting.

Dr. R. Whitman preferred the double spica of plaster of Paris which ensured absolute fixation and in the routine of hospital treatment had not entailed undue inconvenience or unpleasant consequences.

Dr. Sayre said that an early diagnosis followed at once by active treatment when the tissues were soft and ready to yield to moderate pressure, would prevent a great deal of trouble at a later stage when eburnation would require that the deformity be reduced by forcible procedures. He thought that a child could not be kept in bed very well without some little apparatus. If the cuirass was objectionable, put on pinafore and fasten it here and there to the bed and thus bring the child to anchor. In serious cases the cuirass or Bradford's frame were a great convenience. Children in them are like little wooden images and they live in them for two to three years, are happy and comfortable, and have their toilet made without any great bother to the nurses. Apparatus was very useful to hold the bones in position after they had been brought to a straight position, but to bring them to a straight position, apparatus was not nearly so efficient as putting them up in plaster of Paris. It was simply a question of leverage and he had found that leverage was more accurately applied by the use of plaster of Paris than by any other means.

A Specimen of Congenitally Dislocated Hip.—Dr. G. R. Elliott exhibited a specimen which was removed from a child seven years of age. It showed congenital dislocation of the right hip. During life there was one inch of shortening of the right lower extremity with eversion. Post mortem findings: Gluteal group of muscles somewhat shortened. Pyriformis muscle one half inch shorter than its fellow and reduced to a tendinous band. Adductor group of muscles somewhat atrophied. The neck of the femur of the affected side was very short, the upper part of the bone consisting chiefly of head and great trochanter. Displacement upward and forward. Capsule thickened, shortened and intact. Head of bone fairly normal and synovial surface in good condition. Ligamentum teres lengthened but size apparently normal. Acetabulum to be examined and reported upon later.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Tuesday, July 5, 1898, the following certificates were granted:

BACON, CHAS. E., 4938, Los Angeles, Kansas City Med. Coll., Mo., Mar. 12, 1890.
BARNES, A. B., 4939, Oakland, Miami Med. Coll., Ohio, March 1, 1867.
BIGELOW, FREDERICK E, 4940, San Francisco, Rush Med. Coll., Ill., May 27, 1897.
BLAIR, E. J., 4941, San Francisco, Ky. School of Medicine, Ky., June 30, 1882.
BOOTH, WILLIAM G., 4942, Seattle, Wash, The Baltimore Med. Coll., Md., Apr. 21, 1898.
BRUGUIERE, P. S., 4943, San Francisco, The Med. Dept. Univ. Cal., May 17, 1898.
ENGLISH, CHARLES F., 4944, San Francisco, Jefferson Med. Coll., Penn., May 13, 1898.
FANNING, GEO. J., 4945, Montana, Willamette Univ., Ore., April 7, 1891.
FINDLAY, JESSICA W., 4946, New York, Med. Dept. Univ. Mich, June 28, 1889.
FRIEDMAN, WM. L., 4947, Alameda, Baltimore Med. Coll., Md., Apr. 13, 1897.
KEENAN, A. S., 4948, San Francisco, Med. Dept. Univ. Cal, May 17, 1898.
OWEN, WM. L., 4949, New York, Jefferson Med. Coll., Penn., Apr. 3, 1889.
POPE, F. S. 4950, Victoria, B. C., Univ. Trinity Coll., Toronto, Canada, Apr. 6, 1898.
PRESTON, MYERS A., 4951, San Francisco, Cooper Med. Coll, Cal., Dec. 8, 1897.
READ, W. PARSONS, 4952, San Diego, Jefferson Med. Coll,, Penn., May 15, 1896.
SELER, CHARLES A., 4953, Hay Fork, Cal., Med. Dept. Univ. Penn., May 6, 1892.
TREW, N. C., 4954, San Francisco, Med. Dept. Univ. Cal., May 17, 1898.
WALL, GEO., 4955, Oregon, Rush Med Coll., Ill., March 25, 1889.
WHITE, JOHN O., 4956, Los Angeles, Med. Dept. Univ. Nashville, Tenn., Mar. 1, 1869.
WHITE, MARIA, 4957, San Jose, Woman's Med. Coll., Maryland, May 1, 1886.
WOODS, C. H., 4958, Pasadena, Jefferson Med. Coll., Penn., May 15, 1896.

CHAS. C. WADSWORTH, M.D., Secretary, 1104 Van Ness Ave.

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

TRAUMATIC NEUROSES.

Nowhere is the *post hoc ergo propter hoc* argument more overdone than in the attempt to connect the nervous phenomena, subsequent to trauma, with the injury. The enormous increase in the number of suits for damages, nearly four-fold in the past four years, is out of all proportion to the increase in the number of accidents. Indeed, on account of improved machinery and the multiplication of safe guards, accidents are relatively less frequent and less serious than a few years ago. But it has come to such a pass that if John Smith receives an injury, which he imagines is due to the negligence of a corporation, he regards such injury as so much capital that should be converted into cash as soon as possible. So notorious is the fact that speculation in damage suits is a specialty among shyster lawyers, and in these blackmailing schemes they are aided by medical charlatans who act as "coaches" to the injured party. There are all grades of malingerers, from the out and out fraud to the self-deceived neurotic. Those, who simulate a disease or injury, require extraordinary cunning and perseverence to succeed, and are usually detected by the painstaking examiner. Those who falsely and knowingly attribute their present diseased state to the alleged injury, are few, for a close scrutiny of their past life is almost sure to reveal the deception. A much larger class is the one that exaggerates their symptoms. These form the link between the

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innocent and the guilty, and pass almost insensibly into the traumatic neuroses.

The simplest true neurosis, is traumatic hysteria, the injury acting as a suggestion. The victim is self-hypnotized; closely allied to this condition is traumatic neurasthenia. Both of these neuroses are curable by judicious treatment; things to be by all means avoided are the anxious solicitude of friends, the unconscious or purposive suggestions of physicians, and the promptings of some eager attorney. It is unfair, however, to charge the litigant with intentional fraud in traumatic hysteria. The condition is a real one. The paralysis, if present, is actual, and for the time being as complete as if organic. As it has been aptly put the "I cannot" seems "I will not," when it really is "I cannot will." But it is manifestly unjust to allow these neurotics to mulct corporations of their just earnings. It is eminently proper that persons should be indemnified for actual injuries due to corporate or other negligence. But in the present state of public opinion, it is not likely that juries will err in favor of the defense. It is comparatively easy to estimate the extent of an organic injury. There is, however, a grave form of traumatic neurasthenia, the pathology of which seems to pass the functional and become actually organic, the patient becoming worse even after pecuniary reimbursements. It is just these rare cases called "traumatic sclerosis," by Knapp, that raise the doubt in any individual instance. In such cases it would seem but fair to all concerned, to secure the proper treatment, if possible, for the patient, which can only be done at some sanitarium removed from the meddlesome inteference of the family.

THE TUBERCULOUS POOR.

In the August 6th number of the New York *Medical Journal*, there is a short contribution, on the tuberculous problem, by our friend and classmate, Dr. S. A. Knopf. The article in question was called out in answer to a paper by Dr. Leland Cofer, in an earlier number of the same magazine, under the title of "A Suggestion to Philanthropists." The main idea of Dr. Cofer, was the establishment of consumptive colonies in some favorable locality, such as Southern California for instance.

Dr. Knopf is a strong advocate of sanitoria for consumptives, but inasmuch as most of the consumptives are poor, it is absolutely essential to treat them near their home. It is, therefore, necessary to establish sanitoria near the large centers of population. Against the idea of having a consumptive colony for eastern emigrants in California, he urges the following sensible objections. First of all "the separation from the family and friends has a most depressing effect

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upon the patient, which reacts nearly always most unfavorably on the physical condition." Secondly, "the popular feeling in California is not at all in favor of making that part of our country a colony for consumptives." Thirdly, as every profession, trade and calling is more than amply supplied in Southern California by well men, it is almost impossible for tuberculous invalids, or recovered consumptives to obtain employment there. The social condition, therefore, is most emphatically against the immigration of poor consumptives. Fourthly, he urges that the expense of bringing the invalids from the extreme east to California, would be so great that the yearly allowance for the support would at least have to be doubled.

There ought to be, even in Southern California, a sanitorium for the consumptive, but it should be reserved for the bona fide residents of this section. It is quite likely that if it were known that a free sanitorium existed in Southern California, a great number of tuberculous invalids would flock thither, with no means of support, in order to avail themselves of the possible chance of recovery. In fact, the county hospitals of the seven southern counties of this state, have of a necessity become, to quite an extent, a final resort of these imported invalids. It is, indeed, pitiful to note, how many professional and well-educated men have been obliged, on account of this dread disease, to end their days in the public hospitals of Southern California. Though this section is climatically the ideal resort for invalids, it is available for curative purposes only to those who have sufficient means to comfortably support themselves in forced idleness, Therefore, we would emphatically endorse the warning of Dr. Knopf, that Southern California is not the proper place for the tuberculous poor.

EDITORIAL NOTES.

DR. C. W. FISH has removed his office to the Laughlin block.

DR. WILLIAM BRILL has returned after an absence of about two months in New York.

Dr. E. A. FOLLANSBEE has returned from her vacation in Albuquerque, very much refreshed by her outing, and has taken an office in the Laughlin block.

WE received this month the first copy of the Memphis *Lancet*, a medical journal devoted to the interests of the medical profession of Memphis, and the surrounding country.

THE smallpox at Spadra• is now under control. Dr. Kellogg, of Chino, an immune, was engaged by the county to attend the cases. It is expected that the disease will be kept within its present limits.

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DR. LOUISE M. HARVEY and Ernest P. Clark, editor of the Riverside *Press*, were married, Sunday, July 3rd, at the residence of Mr. and Mrs. Frank A. Gibson, Los Angeles. The profession of this city will miss the doctor, for hereafter she will reside in Riverside.

THE Pasadena Medical Association met in the offices of Drs. Briggs and Janes, July 22nd. Dr. Mattison gave an account of the recent meeting of the American Medical Association. Dr. James read a paper on Asthma. Drs. Osburne and Solon Briggs were admitted to membership.

THE third course of Lane Medical Lectures, were given by Dr. Thomas Clifford Allbutt, regius professor of Physic, University of Cambridge, England. They consisted of ten lectures on the diseases of the heart. The series are of high order, and are highly appreciated by the profession on this coast.

DR. SILAS JOHNSON, after four years' missionary work on the west coast of Africa, near Batanga, has returned, and will remain in the United States one year. The doctor is well and has many interesting things to relate. We hope to have a paper soon, on the customs of the people, their diseases, etc.

BOOK REVIEWS.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynaecology, Obstetrics, Ophthalmology, Laryngology, Pharynology, Rhinology, Otology and Dermatology, and especially prepared articles on Treatment and Drugs, by Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada Edited by Judson Daland, M.D. (Univ. of Penna.), Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania; Professor of Medicine in the Philadelphia Polyclinic; Fellow of the College of Physicians of Philadelphia. J. Mitchell Bruce, M.D., F.R.C.P., London, England; Physician to and Lecturer on the Principles and Practice of Medicine in the Charing Cross Hospital. David W. Finlay, M.D. F.R.C.P., Aberdeen, Scotland; Professor of Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for diseases of the Chest, London, J. B. Lippincott Co., Philadelphia. 1898.

This number of International Clinics contains 36 different articles, distributed as follows: Drugs and Remedial Agents, 1; Treatment, 7; Medicine, 9; Neurology, Surgery, 8; Gynecology and Obstetrics, 4; Ophthalmology, 3; Laryngology, 1; and Dermatology, 1.

The article on the treatment of functional and lateral curvature, by Jas. K. Young, of Philadelphia, is profusely and intelligently illustrated.

The paper by L. Webster Fox, of Philadelphia, illustrates Mule's operation very clearly by skiagraphs. Schamberg's article on baldness, its varieties, causes and treatment, is also well illustrated.

The treatment of tuberculosis is found in the expression "to fortify the body by alimentary and respiratory hygiene." The author makes a strong plea for sanitorial treatment of incipient consumptives. These clinics abound in the practical. For instance, Larrabee of Louisville has a homely and instructive talk on broncho-pneumonia following measles. Probaby the most exhaustive clinic is

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the excellent one on the etiology and classification of cystitis by Senn, an article well worthy of review in itself. The editors have continued to keep up the general excellence of these volumes, so that it is possible that this field may keep on widening.

ACCIDENT AND INJURY, Their Relation to Diseases of the Nervous System. By Pearce Bailey, A. M., M. D., attending physician to the department of correction and to the almshouse and incurable hospitals; assistant in neurology, Columbia university; consulting neurologist to St. Luke's hospital, New York City, New York D. Appleton & Co, 1898.

Originally intended as a systematic description of nervous affections resulting from injuries commonly called "The Traumatic Neuroses," the purpose of the book has been enlarged so as to deal with all cases of nervous injuries. The book is divided into several different parts. After the introduction describing the methods of examining a particular case, the work is divided into four divisions. Part first deals with the organic effect of injuries of the nervous system including injuries of the brain, spinal cord, peripheral nerves as well as the ultimate organic effect of injuries, such as epilepsy, paresis, ataxia, progressive atrophy and paralysis agitans. The most interesting part of the work is part two, which treats of the functional effect of these injuries. These traumatic neuroses he describes under the head of traumatic neurasthenia, traumatic hysteria and an unclassified form, possibly best known as traumatic sclerosis.

Part three is a clever essay on malingering. He discusses this topic under three heads. First the malingering which results from the exaggeration of symptoms already present, second, the substitution of a false origin of the symptoms, and lastly an outright simulation of disease. The author holds to the theory that it is practically impossible to successfully imitate disease or injury. He gives several very interesting cases to substantiate these views. The book concludes with a short chapter upon the treatment of traumatic neuroses. It is a book that should be in the hands of every railroad surgeon, neurologist, and indeed any physician who is likely to be called upon to pass judgment upon the traumatic neuroses. It makes the needed correction in Erichsen's epoch-making work on "Spinal Concussion." It takes a conservative and safe view as to the results, both immediate and remote, which are likely to follow injuries to the nervous system; holding to a middle view it is not likely to lead to unjust conclusions toward the injured or the corporation. It is a work that every lawyer who is called upon to defend railroad companies and their corporations from the black mailing schemes of petty-fogging lawyers, should by all means have. Taking it all in all the book is not only instructive but exceedingly interesting and will be read by the physician with more interest than he would have in perusing the latest novel.

NOTES ON MASSAGE INCLUDING ELEMENTARY ANATOMY AND PHYSIOLOGY. By Jessie M. Ward, instructor in massage in the Pennsylvania, Philadelphia Jefferson, Woman's and Presbyterian hospitals; clinical lecturer at the Philadelphia Polyclinic Philadelphia, P. Blakiston, Son & Co., 1012 Walnut street. $1.00.

This little book gives the anatomy of a part and then follows with the necessary directions for the manipulations of that part. It is brief, concise and intended to economize the time of students studying the subject of massage. It is written in plain language and is neither too voluminous nor too technical. It is a simple little epitome of the subject.

A COMPEND OF DISEASES OF THE SKIN, By Jay F. Schamberg, A. B., M. D., association in skin diseases, Philadelphia Polyclinic; Dermatologist to the Union Mission Hospital; Quiz-master in dermatology, association of Quiz-masters, University of Pennsylvania. P. Blakiston, Son & Co., 1012 Walnut St,. Philadelphia, 1898. Price 80 cents.

This compend is designed for rapid reference work for students. It follows Duh-

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ring's classification, and is based on the standard authorities. It is quite freely illustrated. It contains over 300 pages. It is the same size and character as the Blakiston's familiar Quiz compends. These books are published at a remarkably low rate, considering their excellence.

THE ALIENIST AND NEUROLOGIST (July 1898), Contains: "Hysteria in Children," by Dr. L. Bruns; "Melancholia of Leprosy," by Albert S. Ashmead, M. D., New York; "Progress in Neurology," by Prof. C. H. Hughes, M. D., St. Louis; "Degeneracy Stigmata as Basis of Morbid Suspicion; "A Study of Byron and Sir Walter Scott," by Jas. G. Kiernan, M. D., Chicago; "The Sanitary Salvage of Our Soldiers in Cuba," by Maj. Chas. H. Hughes; "Medical Service and Medical Fees; The Business Side of the Practice of Medicine," by Prof. C. H. Hughes, M. D.; besides the usual Selections, Editorials, Reviews, Book Notices, etc. Subscription $5.00 per annum: Single copies, $1.50. C. H. Hughes, M. D., Editor, 3857 Olive street, St. Louis, Mo.

ATLAS OF SYPHILIS AND THE VENEREAL DISEASES INCLUDING A BRIEF TREATISE ON THE PATHOLOGY AND TREATMENT. By Prof. Dr. Franz Mracek of Vienna, Authorized translation from the German, Edited by L. Bolton Bangs, M. D., Consulting surgeon to St. Luke's Hospital and the city hospital, New York; late professor of Genito-Urinary Surgery and venereal diseases, New York Post-Graduate Medical School and hospital. With 71 colored plates. Philadelphia, W. B. Saunders, 925 Walnut street, 1898. $3.50.

There is no field adapted better to the atlas than Dermatological and Specific diseases. There are numerous large works which have demonstrated this property. The most of them, however excellent they may be, are very expensive. This atlas is astonishingly cheap. It also is thorough and practical. The colorings are exceptionally natural as indeed the entire value of such works depends upon the closeness with which they can copy nature, for the illustrations must take the place of the clinical material. All the plates are based upon water colors or actual cases. The atlas part of the work is followed by a brief treatise of the pathology and treatment of the disease.

Although it is a German work, and although the prescriptions are given in the metrical system, for the sake of convenience the equivalent in apothecary weight are added in parenthesis. Taking both divisions of the work into consideration this book becomes a practical everyday manual. It forms possible the best number of the worthy series of atlases published by Saunders. It is the best of the series because the subject matter is best elucidated by accurate illustrations, for in all dermatological diseases it is the eye that makes the diagnosis.

MODERN GYNECOLOGY. A Treatise on Diseases of Women, Comprising the Results of the Latest Investigations and Treatment of this Branch of Medical Science. By Chas. H. Bushong, M. D., Assistant Gynecologist to the Demilt Dispensary, New York. Illustrated. Second Edition Enlarged. New York. E. B. Treat and Company, 241-243 West 22nd St. 1898.

This book is designed to give a concise, practical treatise on modern gynecology. Its aim is to tell the general practitioner "what to do and how to do it." It is not written for the specialist; he will search the larger systems for the unique and unusual. The country doctor, and the general practitioner in the city, who has not the time for prolonged research, but rather have the ingenuity and the direct application of theory to practice, will welcome this work as giving them just what their common sense tells them they need. A large proportion of gynecological cases comes primarily to the family physician; it is he who first sees them, and it is he who can best avert later evils and cure incipient maladies. Bushong endeavors to write a plain, practical, up-to-date book on diseases of

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women and their treatment. It, therefore, dwells on symptoms and details of management. The second edition differs from the first chiefly in the chapters on neoplasms and malignant diseases. A new and very common sense chapter on hygiene and exercise, has been inserted. Also in other topics new matter of practical importance has been inserted. The book contains over 400 pages and is uniform in size and binding with Treat's Medical Classics. It contains 105 illustrations.

SHORT ESSAYS ON ORTHOPEDIC SURGERY. By Newton M. Shaffer, M.D., Surgeon in Chief of the New York Orthopedic Dispensary, and Hospital, etc., New York. D. Appleton & Co. 1898.

This little book contains essays upon orthopedic surgery. These are mostly reprints from the New York *Medical Journal* and the *Medical Record*. They aim to give the status and scope of this branch, and dwell more especially upon the relations of orthopedic to general surgery. It discusses, in particular, the present need and the future demand of orthopedic surgery, also the operative side of this branch. The last essay is a plea for orthopedic surgery as a legitimate specialty. The work derives especial weight from the fact that it expresses the opinion of a well-known author in this branch of medicine.

TEXT-BOOK OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By John J. Reese, M.D., Late Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania. Fifth Edition. Revised by Henry Leffman, A.M., M.D., Ph.D., Professor of Chemistry and Toxicology in the Woman's Medical College of Pennsylvania, etc. Philadelphia. P. Blakiston, Son & Co., 1012 Walnut St. 1898. $3.00.

This work is designed to give the essentials of medical jurisprudence in a concise manner, suitable for the class-room. It condenses from the larger volumes that which the student ought to know, places before him the subject in an assimilable form.

The distinguished author of this book had a wide reputation as an expert, and hence he was especially well qualified to sift out the essentials from the numerous data which are continually accumulating. This branch of medicine is, as is ever true of the law, conservative and does not change in principle. As the methods of investigation become more exact, the details of procedure change with them, hence the necessity of revising the standard works of this, the most stable of medical branches. The work contains 645 pages, and embraces the topics usually discussed by the standard works: the post-mortem, violent death, pregnancy, infanticide, insanity, malpractice, life insurance, etc., as well as toxicology.

PAMPHLETS RECEIVED.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, From March, 1896, to January, 1897.

SCORBUTUS IN INFANTS. CONGENITAL DISLOCATION OF THE HIP. By HARRY M. SHERMAN, San Francisco, Cal.

MEMORIAL OF WM. H. WELCH AND OTHERS AGAINST THE PASSAGE OF SENATE BILL 1063, ENTITLED "A BILL FOR THE FURTHER PREVENTION OF CRUELTY TO ANIMALS IN THE DISTRICT OF COLUMBIA."

NOTE ON DIASTATIC PREPARATIONS. By WILLIS G. TUCKER, M.D., PH.D., Albany, N. Y. From Albany Med. Annals, March, 1898.

CLINICAL TESTS OF NEW REMEDIES. AUTHORS AND THE JOURNALS. By SETH SCOTT BISHOP, M.D., L.L.D., Chicago. From The Laryngoscope, Jan., 1898, and Nov,, 1897.

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THE TREATMENT OF THE MALPOSITION OF THE LID BORDER IN TRACHOMA. By F. C. HOTZ, M.D., Chicago. From the Jour. A. M. A., Jan. 15, 1898.

A PLEA FOR THE MORE FREQUENT RESORT TO ANALYSIS OF THE STOMACH CONTENTS FOR DIAGNOSTIC PURPOSES. From the Phil. Med. Jour., 1898. DIET IN THE CHRONIC CATARRHS OF THE GASTRO-INTESTINAL TRACT. From Jour. A. M. A., Feb. 19, 1898. MASSAGE OF THE ABDOMEN. IMPORTANT INDICATIONS AND CONTRA-INDICATIONS, WITH REPORT OF CASES SHOWING ITS EFFECT UPON THE SECRETION OF THE GASTRIC JUICE. From Internat. Med. Magazine, Jan., 1898. By BOARDMAN REED, M.D., Philadelphia.

SOME OF THE THERAPEUTIC PROPERTIES OF THE THYROID GLAND. BY J. T. ESKRIDGE, M.D., Denver, Col. From Col. Med. Jour., March, 1898.

TUMOR OF THE SPINE; COMPRESSION MYELITIS; OPERATION; DEATH ON THE NINTH DAY. By J. T. ESKRIDGE, M.D., and EDMUND J. A. ROGERS, M.D., Denver, Col From Phil. Med. Jour., 1898.

AMBLYOPIA FROM SUPPRESSION, CONGENITAL IMPERFECTION OR DISEASE; WHICH OR ALL. By LEARTUS CONNOR, A.M., M.D., Detroit, Mich. From Jour. A. M. A., Jan. 22, 1898.

DIAGNOSIS IN ABDOMINAL DISORDERS. Presidential Address at Western Surgical and Gynecolog. Assoc. THE QUESTION OF PELVIC SUPPORT. By JOSEPH EASTMAN, M.D., L.L.D., Indianapolis, Ind. From Amer. Gynec. and Obstet. Jour., Feb., 1898.

A STUDY OF THE BLOOD IN TUBERCULOSIS. BY A. MANSFIELD HOLMES, A.M., M.D., Denver, Colorado. From Jour. A. M. A., Oct. 23, 1897.

SOLUTION OF THE PROPRIETARY MEDICINE QUESTION. BY C. C. FITE, M.D., New York. From Phil. Med. Jour., 1898.

THE OTHER KIDNEY IN CONTEMPLATED NEPHRECTOMY. From Annals of Surgery, April, 1898. THE INGUINAL OPERATION FOR FEMORAL HERNIA. From the Post graduate, Feb., 1897. By GEO. M. EDEBOHLS, A.M., M.D., New York.

THE PROMPT SOLUTION OF TABLETS.

We are glad to know that the Antikamnia people take the precaution to state that when a prompt effect is desired the Antikamnia Tablets should be crushed. It so frequently happens that certain unfavorable influences in the stomach may prevent the prompt solution of tablets that this suggestion is well worth heeding. Antikamnia itself is tasteless, and the crushed tablet can be placed on the tongue and washed down with a swallow of water. Proprietors of other tablets would have better success if they had given more thought to this question of prompt solubility. Antikamnia and its combination in tablet form are great favorites of ours, not because of their convenience alone, but also because of their therapeutic effects.—*The Journal of Practical Medicine.*

I consider Dioviburnia almost a specific in uterine troubles. In threatened abortion it gives almost instant relief; has never failed me in a single case of uterine colic. In all cases of female neurosis I combine Neurosine drs. iv. Dioviburnia drs. ij. with the very best results. I shall continue their use in my practice.

J. P. CARRINGTON M. D.

May 30th '98, Waller, Texas.

Sharp & Dohme, manufacturing chemists, whose laboratories are in Baltimore, Maryland, and whose general offices are in New York City, have just issued a neat catalogue and price list which they will be pleased to send to any one of our readers who may request it.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of July, 1898.*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	77	61	69	0
2	76	59	68	0
3	77	59	68	0
4	78	60	69	0.7
5	74	59	66	0
6	77	57	67	0
7	82	58	70	T
8	80	60	70	0
9	79	56	68	0
10	84	58	71	0
11	84	60	72	0
12	87	59	73	0
13	89	59	74	0
14	91	57	74	0
15	86	60	73	0
16	83	60	72	0
17	81	62	72	0
18	80	60	70	0
19	81	59	70	0
20	81	60	70	0
21	77	60	68	0
22	76	61	68	0
23	82	59	70	0
24	83	57	70	0
25	85	56	70	0
26	86	57	72	0
27	90	59	74	0
28	82	60	71	0
29	81	60	70	0
30	82	62	72	0
31	78	62	70	....
Mean		59	70	....

SUMMARY

MONTHLY RANGE OF BAROMETER:
Mean Atmospheric Pressure, 29.91.
Highest pressure, 30.06, date 8th.
Lowest pressure, 29.86, date 14.
Mean Temperature, 70°.
Highest temperature 91°, date 14.
Lowest temperature 56°, date 9.
Greatest daily range of temperature 34°, date 14.
Least daily range of temperature 15°, date 5.

MEAN TEMPERATURE FOR THIS MONTH IN

1878		1885	72°	1892		68°
1879	69°	1886	72°	1893		70°
1880	65°	1887	72°	1894		67°
1881	72°	1888	73°	1895		68°
1882	71°	1889	71°	1896		71°
1883	73°	1890	73°	1897		70°
1884	73°	1891	74°	1898		70.

Mean temperature for this month for 20 years, 71°
Average excess of daily mean temp. during month 34°
Accumulated excess of daily mean temp. since Jan. 1, 142°
Average daily excess since January 1, 7°.
Prevailing direction of wind, W.
Total movement of wind, 3326 miles.
Maximum velocity of wind, direction, and date, 15m, W., 30.
Total Precipitation, 0.7 inches.
Number of days with .01 inch or more of precipitation, 1.
Mean Dew Point, 58°
Mean Relative Humidity, 75 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881	.00	1887	.07	1893		.00
1882	.00	1888	.03	1894		T
1883	T	1889	.00	1895		T
1884	T	1890	.00	1896		.02
1885	T	1891	T	1897		T
1886	.24	1892	.00	1898		.07

Average precip'n for this month for 20 years, .02 inches
Total deficiency in precipitation during month, .05 inches.
Total precipitation from Sept. 1 1897, to date, 7.13 inches.
Average precipitation from Sept. 1 to date, 17.27 inches.
Total deficiency from Sept. 1, 1897, to date, 10.14 inches.
Average precipitation for 7 wet seasons, 25.97 inches.
Number of clear days 12, partly cloudy days 19, cloudy days 0.
Dates of frost, none.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., JULY, 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cld'y	WIND Direction	Total Mov't
Los Angeles	70.	91.	56.	29.91	75.	1	.07	12	19	0	W	3,326
San Diego	67.	77.	60.	29.92	82.	0	0	30	1	0	NW	4,659
Santa Barbara	65.	78.	54.		73.	0	0	24	6	1	W	3,233
Yuma	91.9	113.	73.			0	0	23	7	1		
Riverside	75.5	108.	52.			0	0	30	0	1	W	
N. Ontario	73.2	98.	52.				.07	31	0	0		
San Bernardino	76.0	107.	49.			0	0	23	8	0	W	
Pasadena	88.4	99.	68.			0	0	29	0	2	N	
Redlands	77.6	111.	50.			0	0	19	9	3	W	
Santa Ana	72.0	91.	60.			0	0				S	

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane, Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal,

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 — *July, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
Deaths from all causes	134	15.62	71	63	29	11	64	30	125	4	5
Deaths under 5 years	36										
i. Specific infectious diseases	13	1.51	7	6	3	2	7	1	10	2	1
ii. Diseases of the digestive system	21	2.54	9	12	11	2	5	3	21		
iii. Diseases of the respiratory system	28	3.17	16	12		2	17	9	23	2	3
iv. Diseases of the nervous system	20	2.33	12	8	6	1	9	4	20		
v. Diseases of the circulatory system, blood and ductless glands	15	1.74	7	8	2		10	3	15		
vi. Diseases of the genito-urinary organs	6	.61	5	1			3	3	5		1
vii. Constitutional diseases	13	1.51	6	7	6	1	4	2	13		
viii. Intoxication, violence, accidents	6	.61	5	1	1	1	4		6		
ix. Miscellaneous diseases	12	1.49	4	8		2	5	5	12		
i. Septicæmia	1		1				1			1	
Pyæmia	1		1					1	1		
Diphtheria	2			2	1	1			2		
Erysipelas											
Typhoid fever	4		2	2			4		4		
Malarial Fever											
Scarlet fever											
Measles											
Pertussis	1			1			1		1		
Cerebro-Spinal Meningitis	2		1	1	1	1			1		1
Small Pox											
Tuberculosis	1		1				1		1		
Influenza											
Dysentery											
Syphilis	1		1		1					1	
Tetanus											
Carbuncle											
Anthrax											
ii. Diseases of the Œsophagus											
Gastritis	3		2	1	1		2		3		
Gastro-Enteritis	2		1	1	2				2		
Cholera infantum	4		2	2	3	1			4		
Peritonitis	4		1	3		1	3		4		
Entero-Colitis	5		2	3	4			1	5		
Appendicitis											
Typhilitis											
Intestinal obstruction	2		1	1	1			1	2		
Diseases of the liver	1			1				1	1		
iii. Membranous Croup											
Bronchitis											
Pneumonitis	3		2	1			1	2	2		1
Pleuritis											
Phthisis	25		14	11		2	16	7	21	2	2
iv. Diseases of the brain	15		11	4	2		9	4	15		
Diseases of the spinal cord											
Neuritis											
Eclampsia	5		1	4	4	1			5		
Epilepsy											
Neurasthenia											
v Diseases of the Heart	14		7	7	2		9	3	14		
Degeneration of the Arteries	1			1			1		1		
Aneurism											
Anæmia											
Diseases of the Ductless Glands											
vi. Uræmia	3		3				2	1	3		
Acute Bright's Disease											
Chronic Bright's disease	1		1					1	1		
Nephritis	2		1	1			1	1	1		1
Diseases of the Genito-Urinary Organs											
vii. Rheumatism											
Diabetes	2		1	1			1	1	2		
Inanition	7		3	4	4	1	2		7		
Senility and Asthenia	4		2	2	2		1	1	4		
viii. Alcoholism											
Suicides	1		1				1		1		
Violence and Accidents	5		4	1	1	1	3		5		
ix. Tumors—malignant	5		1	4			1	4	5		
Tumors—non-malignant	3		2	1		1	2		3		
Other diseases	4		1	3		1	2	1	4		

L. M. POWERS, M.D., Health Officer.

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OUR ADVERTISERS.

CHRONIC GASTRITIS.

BY LOUIS A. KENGLA, M. D., SAN FRANCISCO, CAL.

A report of a very severe case of gastritis was freely copied in medical journals, during the year 1896, in which glycozone was successfully used.

At that time, J. W., aged 38, a blacksmith, came under my care. His illness began in 1894 with the usual symptoms of gastritis, In January, 1895, he had become so much worse that he placed himself in the hands of one of our best physicians, under whose care he continued until November of the same year, when I was consulted. After hearing his history and the treatment given, I urged him to return to his physician, insisting that nothing more could be done. My protest was in vain. Examination revealed an emaciated, thin and badly nourished body; his eye, skin and color, fair though pale; his temperature normal; the bowels inclined to constipation with occasional diarrhea with white, pasty offensive stools; the lungs, heart and kidneys healthy; the liver a trifle small. There was no painful point and no evidence of enlargement, tumor or ulcer. He was so thin that the abdomen could be most thoroughly examined. His tongue was heavily furred, red at the tip, indented at the edges, and the papillae red and prominent. He complained of being unable to take either solid or liquid food even in small quantities without causing heaviness, weight, oppression, pyrosis, eructation of gases, nausea and finally headache and vomiting. Since 1894 these symptoms had increased in severity, the nausea never ceased and this whole array of complaints would gradually accumulate in force and energy, overwhelming his system with an attack of headache and intermittent vomiting, that would last from three to five days. In 1895, these storms growing worse, rendered his life almost unbearable. I had been attending him about a week, when one of these attacks occurred. He had been vomiting one day before I saw him. The scene was truly pitiable. I found my poor, emaciated patient in a small darkened room, scarcely able to raise his head, gagging and straining constantly, bringing up finally by the greatest of efforts, a teaspoonful of white, glairy mucus; his head bound tightly or wrapped in ice cloths; his eyes congested; his cheeks hollow; his skin sallow and pale; his face bespeaking the intense agony he suffered, begging and pleading to those around him for relief from the horrible nausea and retching. I remained with him an hour and during that time he was not free for five minutes from efforts at vomiting. His sleepless, aching brain, seemed racked to distraction. He would gag, vomit, and fall back exhausted. This continued for three days, gradually lessening. Sleep came only through exhaustion. Every particle of food (liquid or solid) was promptly vomited. During these attacks, the temperature was increased from 99 to 103. These attacks were always of a similar character, and from November 1, 1895, to July 3, 1896, they occurred every ten days or two weeks.

The physician who had treated him had used drugs, diets, and lavage, faithfully and persistently, so that at the outset, I was completely handicapped. I began with the remedies which had given relief in similar cases, and in turn used acids, alkalies, alteratives, pepsin, digestants, purgatives, tonics, bitters, sedatives, diets, etc., either singly or in combination, until I had exhausted all the resources at my command. The only perceptible relief came from the use of small doses of diluted hydrochloric acid between the attacks and a solution of cocaine and morphine during the paroxysm.

About July 3, 1896, I read the article referred to above, and in desperation and

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despair of ever relieving him, I ordered glycozone one-half, then one drachm, well diluted, 20 minutes before meal time. In a few days he said he felt better; within a week he repeated the assertion. To the utter astonishment of myself and his friends, one, two, four and even six weeks passed, without a recourrence of his severe symptoms. About August 20th, he was so much improved, that to hurry matters, I concluded to try lavage again. This was done at 5 P. M. and at 10 that night he was in the throes of an attack, which lasted two days. He then resumed his glycozone and continued to improve till October 15th, when on account of inactivity of the bowels and costiveness, he was given two grains of calomel, which brought on a slight headache and considerable nausea. He had already been taking more food, but from this time it was increased in quantity and character, eating three fairly good meals a day, and enjoying them. After beginning the use of glycozone, the acid was continued a few weeks, after meals, then left off entirely. No other medicine was used, except occasionally a pill of aloin, belladonna, strychnia, cascara, when bowels were sluggish. To him glycozone proved the greatest boon, and to me, the relief given was simply wonderful. It is useless to add, that I have used the remedy in many cases since, and have met with excellent and even astonishing results.—*N. E. Med. Monthly.*

THE BEST AND THE CHEAPEST.

In prescribing either medicine or nutriment, a physician must often consider the question of what is the most economical as well as what is the best for his patient. And it is only occasionally that he is made happy by the knowledge that THE CHEAPEST IS THE BEST. He always knows that "the best is the cheapest," but this helps him very little if economy must be thought of.

John Carle & Sons point with pride to the fact that their prepared food, IMPERIAL GRANUM, is the most economical as well as the best food on the market, and in proof of this, they ask physicians to carefully note the weight of their handsome "Small" and "Large" size air-tight tins, and also to kindly notice the length of time either one will last, bearing in mind that their sterilized tins form the lightest, as well as the safest retainer that can be used.

CHOLERA INFANTUM.

Physicians coincide in their views regarding the treatment of the summer diarrhea of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, antisepsis. For the antiseptic treatment, listerine alone or listerine, aqua cinnamon and glycerine, or listerine, bismuth and mistura creta, will meet many requirements of the practitioner during the summer months.

The following well-tested formulæ are submitted:

R Listerine..... dr i–ii
Simple Syrup..... dr vij–vi.
M. Sig. Teaspoonful every two or three hours.

R Listerine
Glycerine (c. p.)
Syr. simpl.
Aqua Cinnamon, aa dr. i.
M. Sig. Teaspoonful every one, two or three hours.

R Bismuth Sub. Nit.....dr. ss.
Tr. Opii.....gtt. xx.
Syr. Ipecac, } aa.....dr. ij.
Syr. Rhei Arom. }
Listerine.....oz. ss.
Mist. Creta.....oz. j.
M. Sig. Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for Children, about ten or twelve months old.

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SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

COLD IN THE TREATMENT OF SOME CHILDREN'S DISEASES.*

BY A. L. KELSEY, M.D., SANTA PAULA, CAL.

The use of cold in the treatment of disease has existed from ancient times. Hippocrates wrote the first treatise on the subject, and demonstrated from an empirical standpoint its stimulating effect under normal conditions, and its diuretic effect when used in fevers. He insisted that it was of better effect in inflammations of the lungs than in other fevers, because it relieves pain and dyspnea and renders expectoration more fluid. Galen advocated the application of cold to the head while sitting in a warm bath. Rhazes ordered his measles patients put in a cold bath and rubbed until the eruption appeared, whenever the dyspnea became very great. Currie published a treatise in the 18th century in which he advocated the full bath in high fevers, and he is accredited with laying the foundation for the Brandt treatment of today. The history of medicine in all countries shows an ever increasing number of advocates of the use of cold in the treatment of disease, as the science advances, until now the practice is wide spread. Even the laity are now mostly in accord with it.

Twelve years ago, however, Alfred Loomis, in Pepper's System of Medicine, gave utterance to a hesitating opinion in relation to its employment in the treatment of pneumonia, as is evidenced by this quotation: "The plan of applying cold compresses to the chest in pneumonia, though far from a new one, still has its strongest advocates in the modern school of therapeutics. It is proposed to apply thick compresses, wet in ice-water, over the seat of the inflammation, changed every five minutes. Some use the Esmarch ice-bag for the same pur-

*Read at the Twenty-first Semi-Annual meeting of the Southern California Medical Society held in Santa Barbara, May 3 and 4, 1898

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pose. Patients who were moribund have, it is said, been revived by immersion in a cold bath, etc." He sums up by adding: "The experience of American practitioners, so far as I have learned, is against this plan of treatment. It is found that under it pneumonia is more liable to extend; that the shock of cold to the surface causes a nervous depression from which the old and feeble do not rally; that although a reduction of temperature may be effected, heart-insufficiency is more rapidly reached and is more difficult to overcome." And finally, he says: "The statistical results of this plan of treatment are decidedly against its use."

In contrast with these sentiments of Dr. Loomis, we find those of other authorities much stronger and to the opposite effect. Jacobi, in his work on Therapeutics of Infancy and Childhood, published in 1896, in speaking of the treatment of pneumonia, says: "There is no better antipyretic than cold." He urges its adoption very strenously. In the past ten years the practice has become quite general, and I believe the statistics do not show a very marked increase in the mortality of inflammatory affections. There still remain, however, some opponents among doctors and laity, and their existence forms a part of my excuse in using your time on this subject.

I have always deemed it my duty as a practitioner, to employ this most valuable aid in combating disease, especially in children, and have for over seven years in my present locality, with my colleague, combated the prejudices against it, until now I always meet with cheerful and cordial acquiescence in its employment. The present condition is certainly an agreeable contrast to that of former years, when its suggestion and employment often meant staking one's professional status on slender chances. I think I shall never forget the first time I employed this plan of treatment in my community.

It was in a baby in a moribund condition, the capillary form of broncho-pneumonia. The babe was unconscious and cyanosed over the entire body—utterly beyond any hope of success from drugs. The father agreed to my suggestion to use cold water, but the mother made a very distressing scene with lamentations, and many accusations of cruelty and murder on my part. The treatment, fortunately, was an entire success, and the child was out of danger after a night's work. If any of you have had a like experience, as young practitioners, you will doubtless appreciate the situation, and the relief following upon success in so hazardous a venture, among the prejudices of a community to which you were new.

Comby sums up the physiological effect of cold on the body functions, in these trite sentences: "Its first effect is refrigerant, etc. Its second effect is to interfere with cutaneous circulation by causing contraction and then dilatation of the small blood-vessels; this vaso-dilatation calls the blood from the internal organs, so that cold may be said to have revulsive action. This is manifested in the heart by less frequent and stronger beats, in the respiratory apparatus by slower and easier breathing. Cold water is diuretic. It also acts upon the terminal nerves in the skin, and secondarily upon the central nervous system, upon which it is a tonic in its effects. It is also a sedative."

I know of no better description of the effects of cold than is contained in these few sentences, and none that will lead one to its better and safer application to the treatment of disease. If one keeps in mind their cardinal points, he can scarcely go wrong, provided his technique is proper and he modifies his plan to suit the individual patient or the particular phase of the disease under treatment.

It is most important to well understand, in all its bearings, that phase of the effects of cold as expressed in the skin circulation. In order to refrigerate the

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body the blood must be brought from the central organs to the surface when the cold is applied. This nature does by the secondary dilatation of the capillaries. This dilatation, however, will often not occur if the cold be too continuously applied or is too great in degree, and there would be a condition resembling frost bite on the surface and a higher elevation of temperature in the central parts.

From experiments with rabbits, W. H. Howell, physiologist of Johns Hopkins, deduces the following figures, showing the distribution of blood in the various organs of the body.

Spleen	0.23 per cent.
Brain and Cord	1.24 per cent.
Kidneys	1.63 per cent.
Skin	2.10 per cent.
Intestines	6.30 per cent.
Bones	8.24 per cent.
Heart, Lungs and large vessels	22.76 per cent.
Resting Muscles	29.20 per cent.
Liver	29.30 per cent.

Connecting these figures with the fact that the amount of blood in the internal organs depends on their activity, and that it may be increased or diminished from 10—20 times, and that the skin vessels at their full capacity can contain 66 per cent. of the total amount of blood, (Simon P. Baruch, Hares Syst. Therap.) we may deduce some facts of interest and be warned of some of the dangers from a too active or untimely interference with the circulation in the treatment of disease.

Thus it is possible to cause a rapid and extensive congestion of the internal organs, particularly if the cold is intense enough to affect the natural protecting influence of the muscle walls surrounding them, by paralyzing their vaso-motor nerves and preventing them from gathering an added amount of blood from the centers. The kidneys seem to be particularly susceptible to congestion, resulting from continued chilling of the superficial parts of the body.

In children, congestion of the brain follows quite readily upon changes of circulation from various causes.

The vaso-dilatation must be established by removing the cold or by massage of the skin. To some cases where a rapid lowering of a very high temperature is desired, the plan of giving a cold bath followed by a warm one, is not only theoretically correct, but practical. This is the plan so common in the resuscitation of cyanosed infants. Much of the unsatisfactory or bad results, in the use of cold, are no doubt gotten because of the neglect of this cardinal point.

I have yet to meet with a case of febrile disease in children, in which cold water could not be safely and advantageously used, and I believe it to be admirable in all such cases, even in the youngest and feeblest infants if properly applied. In many derangements unaccompanied by fever, it is also of great service.

In my own practice I have been in the habit of using the ice-bag, moving it about as is indicated, or compresses applied most often to the chest and back. It seems to me that this method is preferable to the bath, in most cases, for it disturbs the patient but little and entails much less labor, while it is quite effective. This method can be used continuously while the child sleeps or rests quietly in bed, thus giving that rest which is of so much value in the treatment

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of children. In acute abdominal diseases where all shifting of the abdominal contents does harm, and in long continued fevers when the heart becomes weakened, shifting the patient to a tub might increase the abdominal trouble in the one case, or cause syncope in the other.

In all cases the feet and lower part of the legs should be kept warm, and as pointed out before, we should be sure that the skin circulation is kept up. Compresses applied to the entire length of the spine have the added advantage over their application elsewhere, because of their effect on the spinal nervous system. This method is used, of course, when it is desired to reduce temperature and soothe the patient, there being no localized inflammation to combat.

In scarlet fever, measles and other eruptive fevers, cold water has its use in reducing high temperature and thus preventing complications, in treating some of those complications when they arise, and in conserving the activities of the various organs. When the eruption is delayed, and the patient is in a very uncomfortable condition resulting from various causes, a tepid or cool bath, with brisk rubbing, will establish the efflorescence and relieve some of the distressing symptoms. Later on, when the toxic elements have produced delirium, somnolence and convulsions, the application of ice to the head, with compresses to the trunk, taking care always to have free skin circulation, gives most gratifying results.

I believe the early and continued use of sponge baths, compresses, cool enemas, and plenty of cold water to drink, is a potent means of preventing the nephritis of these diseases. They tend to foster the eliminative function of the bowels and skin, and to prevent the congestion and strain of the kidneys, resulting from the toxines developed, and by establishing and maintaining the normal equilibrium of the sympathetic system.

What has been said of the eruptive fevers is equally true of malaria, typhoid and all the septic or toxic fevers.

Many of these cases are protracted into weeks' duration, and the resisting power of the tissues is gradually broken down until there is no power, on the part of the organs, to resist any invasion or to respond to any demand.

I have treated a good many cases of continued fevers, barring typhoid, with early and continued use of cold water, and have found that the children are always comfortable, quiet and restful, active, nervous symptoms never present, and there is always an abundance of sleep. They take food without resistance and ofttimes demand it. The tongue and mouth remain moist and sordes is mostly absent. The urine is plentiful, bland and pale in color. Seldom have I seen very marked weakness of the heart even after weeks of illness.

In diseases of the chest I have seen good results with the use of cold in bronchitis, broncho-pneumonia, pneumonia, pleurisy, asthma and endocarditis, etc. I feel warranted in saying that acute bronchitis may very often be aborted in a few hours by cold compresses on the chest, and that the other diseases may nearly always be altered and kept under control and rendered less fatal by this means than by any other.

In these diseases I would recommend the use of the ice-bag because, unless the fever be very high, we do not need or desire to cool the whole body, but only to combat a localized inflammation. The ice-bag should be moved from one area to another, thus giving the opportunity for reaction of the skin and underlying parts. The bag should not be placed in contact with the skin, but should be separated from it by a thin cloth.

In abdominal diseases in children, my use of cold has been mostly confined to gastritis, enteritis, and other acute or chronic affections of the mucosa of the

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alimentary tract. In these affections the greatest satisfaction comes to both patient and physician from early and continued lavage of the alimentary canal, and in the copious drinking of cool water in which egg-albumen has been dissolved.

In acute indigestion, the very high fever resulting from the irritation of the nervous system, and from the putrefaction of albuminoids, may be quickly relieved by washing out the stomach and bowel with cool water and cool bathing. The lavage of the stomach can often be easily accomplished by causing the child to drink enough water to cause vomiting by its pressure. This may be repeated as desired and can often be made as effective as the use of the stomach tube.

The distressing condition which infants fall into because of the excoriating effect of acid dejections, will be quickly relieved by bathing the outer parts with a cool solution of soda, and keeping the rectum washed out with the same. I have often seen them changed from a kicking, screaming mass, to that most desired of all things, a sleeping infant, before the operation had been completed.

In convulsions from any cause, when attended with high fever, I believe cold to be far more safe and efficacious, than the time-honored hot bath.

I like here to apply ice to the head compresses to the spine and chest, and to give a cool enema at once. The feet should be kept in hot water, and the compresses frequently renewed until fever abates and consciousness returns. If the fever does not begin to fall as soon as desired, we can transfer the child to a warm bath for awhile and finally to a dry blanket. The warm bath will, however, seldom be found necessary.

In conclusion, I wish to say, that I have not attempted to say anything new, but only to review that which you all know, with the view of adding coroborative evidence to the effectiveness of this method of treating children's diseases, and to assist in the removal of prejudices against its use which still exist, to some extent, among doctors and the laity.

I wish it further understood, that though no mention has been made of drugs, I fully believe in their use when indicated.

APPENDICITIS.*

BY J. T. STEWART, M.D., LOS ANGELES, CAL.

Assuming that most of us are general practitioners, treating our patients medically or surgically, as required, this subject will not be considered in a controversial spirit.

The statistician has been satirized by dividing liars into three classes in the reversed order of their distinction. The ordinary vulgar liar, the d——n liar and the statistician. Nevertheless, in the search for truth we are very dependent on the recorded observation and experience of our co-laborers.

In reporting cases we should not be influenced by feverish enthusiasm, nor by any prejudice, but state fairly the truth as reached by earnest and intelligent investigation.

We are more enlightened by the recital of the causes which explain adverse and disastrous results, than by the proud boast of "one hundred consecutive uneventful recoveries."

'Twould be absurd to occupy our time with the etiology, diagnosis and pathology of appendicitis. Everyone is familiar with the unfortunate anatomical conformation and relation of this organ, the study of which satisfies our inquiry as

*Read at the Twenty-first Semi-Annual Meeting of the Southern California Medical Society held in Santa Barbara, May 3 and 4, 1898.

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to cause. The diagnosis is usually easy, and the careful clinician will seldom err. The importance of early diagnosis cannot be exaggerated. As to pathology there is great unanimity. However, certain eminent pathologists assert, that the disease is always septic, others claim the existence of a simple catarrhal condition or endo-appendicitis. This cannot be demonstrated since post-mortem evidences are wanting. Catarrhal cases have no mortality.

It is probably true that there is a catarrhal stage in all cases and under fortuitous circumstances the disease may terminate in this stage and recovery follow without manifest septic complications. The course of the disease is largely determined by the condition of the orifice; if open and drainage is free resolution may follow. This is a *medical* case. If the cecal orifice is occluded or constricted, rendering drainage imperfect or impossible, infective bacteria multiply, and infiltration and necrosis speedily occur. There is then, in pathology, practically no serious disagreement.

Relating to the treatment, there exists an unaccountable divergence of opinion and the unique conditions affording a certain period for the medical man to contemplate and often to encourage the state of things, justifying the introduction of the surgeon.

On account of the great frequency of appendicitis, and its acknowledged high mortality, it is a question of absorbing interest. The philosphic treatment of any disease is based upon what is known of its etiology and pathology. Accepting this guide, the popular medical treatment of appendicitis is not only irrational and barren of usefulness, but often fruitful of mischief.

This is not amenable to the treatment so effective in inflammatory conditions of the alimentary tract proper. Its anatomic peculiarities, its dependent position, its constricted outlet, its meager vascular supply, its peristalsis, always slight, and where diseased, often impossible, renders its treatment peculiar.

Drainage, the great over-shadowing factor in the management of infective processes, is here singularly important and unattainable. That purgatives are effective in depleting or evacuating the organ is highly improbable. Purgatives given early are of questionable propriety, given later are obviously dangerous. Opium, although indicated, deprives us of our danger signals and should not be given until operation has been decided upon.

Poultices, fomentations, etc., are useful for spectacular influences. Taking these views as pessimistic, making liberal concessions to the diagnostic accuracy of those who advocate medical treatment, accepting their mortality reports, the fact remains that there is a death rate, immediate and remote, of about 20 per cent. under their most approved medical management.

Painful non-inflammatory conditions of the appendical region are often reported as appendicitis, by the class of observers who report all cases of tonsillitis as diphtheria. These are the men who never lose a case of diphtheria nor appendicitis. It is also true and a matter of demonstration, that the mortality of early operations, done by competent operators, would not exceed five per cent., reduced by operators of special skill and experience to less than two per cent., possibly less than one per cent. An early operation is one done within a few hours, or prior to septic infiltration. In this early stage any sensible surgeon, who faithfully observes the principles of modern asepsis, is safer than appendicitis—on the contrary, an unclean surgeon is more dangerous, by far, than the disease. The early operation divests the case of its greatest danger—infection. The early operation is comparatively easy, but if postponed until the organ is infiltrated with virulent bacteria, and still later where nature is utilizing all available material in construction of limiting walls to protect the peritoneal cavity, there are few surgical pro-

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cedures requiring the exercise of a higher degree of judgment and skill. If, in the early operation, an error in diagnosis is committed, a normal organ removed, the patient will recover and enjoy eternal immunity. We congratulate him.

Allow me, briefly, to speak of 30 cases treated during the last four years:

Four cases not operated, recovered. Twenty-six cases operated, eight died. Of the eight fatal cases, six were operated after rupture and in shock.

One died of fulminant peritonitis.

One died of septic peritonitis in a recurring attack.

Two operations in interval, both recovered.

The remainder represents the localized pus cases, treated by incision and drainage. Nearly 25 per cent. of all my cases died—nearly 33 per cent. of cases operated, died. All cases not operated, recovered. Without analytical examination of these cases the report would be misleading and discouraging.

Twenty-four of the 30 cases were, by common consent, surgical from the beginning, the resort to surgery becoming imperative after medical treatment had been defeated. The two interval operations, after several attacks, being successful, and the organs found diseased, may be classed with the 24 cases. This makes 26 of the 30 cases plainly surgical.

One recovery in six cases operated in shock, from rupture, or perforation, is gratifying. The two cases of septic peritonitis were profoundly septic before operation was undertaken.

This report is an eloquent appeal for early operation—showing that about 86 per cent. of the cases were surgical. Every case had received the usual medical treatment. I think every death was attributable to delay. Two or three of the cases were very instructive.

I was called to see a young man at night. He was said to be bilious. He was rather comfortable—slight pain, not localized—nausea and obstinate constipation. Pulse and temperature about normal. Diagnosis, appendicitis, and advised immediate operation. It was promptly declined. I proposed to retire from the case. Next morning, however, he was taken to my private hospital with temperature and pulse about normal, and his general condition so nearly so, operation seemed unwarrantable.

I removed a gangrenous appendix 7 inches long and one-half inch in diameter, emptied the peritoneal cavity of a quantity of pus and liquid feces. Flushed and drained. After a very stormy convalesence, he recovered. This was a case of general septic peritonitis unattended by any alarming manifestations.

One other case of special interest, operated on third day, found an abscess but no parietal adhesions. This was a difficult case. After packing carefully the abscess was opened. The great difficulty in such cases is to wall off the infected field in a way to avoid contamination of the undefiled peritoneum. Our ability to do this determines largely our success or failure. This is the kind of case in which we are undecided as to when to operate. In many cases there is a condition or stage reached by delay, when it would be safer to wait for the walling of the process to be completed. Unfortunately, no one can differentiate this case in which the limiting walls will be safely perfected, and the case in which rupture and leakage will ensue with disastrous consequences. It is argued that at this crisis if the pulse, etc., are favorable, delay is advisable. Data for the decision are wanting. Even here, I think, proper interference safer than the expectant plan, so to speak. Under suitable circumstances I should operate. My mortality, has, I repeat, been the result of delay.

For the last five years I've advocated and insisted upon early operation in every case of appendicitis. There is no case so mild nor time too early. Neither is

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there any condition so grave, nor time too late to warrant operative treatment. I qualify this proposition by recognizing surgical limitations in this as in all other diseases. Early operation will save nearly all. The latest operation will occasionally prove a gratifying triumph.

I have never done an early operation.

The progress of appendical surgery has been seriously retarded by a just prejudice engendered in the minds of lay people against disgraceful mutilations perpetrated by a lot of still-born, would-be surgeons, who have wantonly sacrificed thousands of normal ovaries—destroying the usefulness and happiness of good women. Lay people are not capable of discriminating between the uneducated, mercenary imitator and the educated physican and surgeon.

In relation to hernia as an argument against operation. In late operations only is it apt to occur. In early cases almost never. In five years we have done 173 celiotomies, had five operation hernias—three of those occurred in my appendical cases—all late operations.

From my observation and experience, I've reached these conclusions:

Medical treatment is not beneficial, but in many instances hurtful. No recovery can fairly be ascribed to it.

That the proper treatment is early, immediate operation, when a diagnosis is reasonably certain. If in doubt operate.

If this most favorable period is past, then with favorable environments, operate. As to late stages there is no disagreement, here all depends upon the possibilities of surgery.

That there are many more general practitioners capable of doing the eary loperation than is generally supposed.

Burdick Block.

THE HOUR-GLASS CONTRACTION.*

BY C. D. BALL, M.D., SANTA ANA, CAL.

"The so-called hour-glass contraction, which has been much dwelt upon by writers, is a prominent bugbear to obstetricians." Thus wrote Playfair, over 20 years ago. The latest English edition of Winckel's Midwifery does not mention the subject.

The term, hour-glass contraction, is supposed to refer to an irregular, spasmodic contraction of the uterus, whereby the placenta, wholly or in part, is encysted within the uterine cavity.

Gray states that the muscular coat of the uterus is disposed in thin layers; external, middle and internal. The fibers of the external layer pass transversely across the fundus, converging at each superior angle. The fibers of the middle layer are irregularly arranged, while those of the deep layer are arranged in the form of two hollow cones, the apices of which surround the orifices of the fallopian tubes, their bases intermingling with one another on the middle of the body of the uterus. At the cervix these fibers are disposed transversely. It is the contraction of these circular fibers that causes the hour-glass contraction. The muscular coat as a whole is thick opposite the middle of the body and over the fundus, and thin near the cervix.

Bandl was the first to describe a ring-shaped thickening of the uterus, during or immediately after labor, occurring just above the internal os and forming a boundary between the upper contractile and the lower non-contractile parts. Later writers believe that Bandl's ring is really the inner os. Upon one point

*Read before the Orange County Medical Association, Aug. 2, 1898.

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all authorities agree: there is a constriction ring at or above the level of what would constitute the internal os were the parts not dilated. Lusk, in autopsies of women, dying in the last months of pregnancy, has been unable to find any trace of the ring. This proves nothing except that dead muscles do not contract. The severe stretching of the lower or cervical segment of the uterus, and its consequent inertia brings it into strong contrast with the upper segment which has not been dilated. While the contraction of the one is feeble or entirely wanting, the contraction of the other is normal and the contraction ring results. Bandl spoke of this ring as, "the lower border of the thick uterine muscle." It is at least the boundary between the muscular fibers that have not lost their tone, and those that have, in a measure, at least. If you examine any uterus within a few minutes after the expulsion of a full-term fetus, no difficulty will be experienced in finding the contraction ring.

Many writers have maintained that in the hour-glass contraction, both the upper and lower segments were relaxed. Charpentier is nearer correct when he says: "The uterus is divided into two cavities, a superior portion, hard, rigid, contracted; an inferior portion, soft and relaxed. Charpentier, however, lays too much stress upon the spasmodic condition. It seems to me that the upper contracted portion of the uterus behaves very much as a uterus should behave after labor. It contracts and relaxes in a regular manner. I admit, in some cases, the contraction may be more marked from the stimulating effect of the retained after-birth. That it relaxes cannot be disputed. I might add that in a typical case the uterus does not relax so very much between the pains.

I do not consider the hour-glass contraction a pathological or even an unusual condition. As "many a flower is born to blush unseen," so many an hour-glass contraction is doomed to exist unnoticed. If an adhesion prevents the expulsion of the placenta attention is directed to the hour-glass contraction. The hour-glass contraction does not cause the retention, it is only brought to notice by the retention with post-partum hemorrhage from inertia; we are taught to excite uterine contraction, if necessary, even to pass our hand into the cavity. Of course, the presence of the hand in a well contracted uterus, stimulates the organ to still greater contraction; spasmodic, if you like. I have never detected any other spasmodic condition in an hour-glass contraction than that caused by the hand within the uterine cavity.

The diagnosis is not difficult and the treatment is simple. If, after a reasonable time, the after-birth cannot be expressed in the usual manner, by pressure over the fundus, I examine to ascertain its location. When I find it only partially in the vagina, and receding at the conclusion of each pain, I can conclude it is held within the zone of contraction by adhesions. The hand is immediately pushed up to the contraction ring. Here I wait until the spasmodic contraction, caused by the presence of the hand, relaxes. A whiff or two of chloroform favors relaxation, and relieves the suffering of the patient, but is really not necessary. An attempt to force the hand through the contraction ring before the pain subsides, might tear the placenta, an accident to be avoided, if possible. As the ring relaxes, the hand is advanced, separating the attachments of the placenta. This accomplished, the membranes are carefully detached. The attachments may be feeble, causing no anxiety, or they may be firm, causing serious complication; but I have never found a free after-birth caught by the contraction ring. Further, I have never separated an after-birth, as above described, that was not expelled by the first pain after the separation was accomplished. In the great majority of cases I have no doubt that the uterine contractions would separate and expel the placenta were sufficient time given. The busy practitioner has not that time at

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his disposal. With strict aseptic precautions and a thorough irrigation of the uterine cavity, using a bichloride solution 1 to 10,000, after the removal of the hand, there is very little or no danger to the patient.

Like Dr. Playfair I believe the hour-glass contraction is only a bugbear.

DISLOCATION OF THE HEART OCCASIONED BY INDIRECT VIOLENCE. SPONTANEOUS REDUCTION AFTER SIX HOURS.

BY F. A. SEYMOUR, M.D., LOS ANGELES CAL.

In the winter of 1873, while practicing in Jeffersonville, Ind., the following anomalous case came under my observation.

A heavy snow of two days before, had been followed by a partial thaw, and that again by a solid freeze; so that walking, except where ashes had been sifted in the path, was quite hazardous.

At about seven o'clock in the evening a group had gathered in the lecture room of a church for social purposes, when Mr. L. joined the circle. He was in his usual health. Remaining a few minutes he left for another engagement, promising to rejoin us later.

At 9:45 P. M., he returned. His aspect was startling. His complexion, ordinarily pale, had now the pallor of death. His black eyes, usually flashing, had an intensified brilliancy as if by contrast with their surroundings. His step was steady, his voice clear, nor did he give evidence of pain. My impulse was to assist him to a seat at once, but he showed no inclination to sit.

After a brief interchange of courtesies, in company with some member of his family, he went home. At 11:45 P. M. I was called to see him, when he recounted the evening's experience. On leaving the church, as his feet touched the icy walk, they slipped forward, throwing the upper portion of his body violently backward. With all the force at command he resisted the backward impulse, and by a rotary motion succeeded in avoiding an otherwise heavy fall, and so recovered his footing. Proceeding at once toward the place of his second engagement, he was conscious neither of pain nor faintness, yet had a peculiar sensation of discomfort in the region of the heart.

A block and a half distant, a long, steep stairway led up to the office of a medical acquaintance, to whom he recounted his accident. The doctor gave him a prescription which, he subsequently told me, contained the tinctures of digitalis and iron. He stated that the patient's countenance had impressed him as it had impressed me later in the evening, and that as he left the office he had followed him to the stairway, apprehensive lest he fall, but that his step had been firm to the bottom.

The patient had retired immediately on reaching home, but by reason of the cardiac discomfort had been unable to sleep. His countenance had not changed in aspect, but as he lay, was singularly serene. His pulse was peculiarly arythmic. It could not be counted. The intervals of absolute quietude between spasms of beating, were distressingly prolonged. The pulsations themselves were tumultuous. Auscultation furnished no clew to the condition. To differentiate the first from the second sound was an impossibili y. The sensation imparted to the ear was as of a small animal, struggling with spasmodic violence, to escape from the grasp of a powerful hand. These efforts were irregular in intensity and duration, lasting about 15 seconds, followed by a despairing pause of 10 seconds, and then reversing the order. Every struggle seemed to give prom-

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ise of relief. Digitaline in those days was not an available drug, nor were the salts of strychnia.

The hypodermic syringe was employed for the relief of pain only. The patient was at once plied with the tincture of digitalis to the limit of supposed safety. Repeated examinations showing no change, about 1 o'clock A. M. I asked that the physician, first casually consulted, be called. Just before his arrival, half an hour later, the patient said, "It's all right now," and auscultation showed no trace of irregularity, nor of any of the abnormities of five minutes previously.

Soon afterwards he fell asleep and rested well until day break. Under my restrictions he remained in bed during the next day, although he felt fully able to attend to business.

At the time of next the visit, 8 A. M., the following day, examination found no indication of the six hours' storm of the night before.

The condition had evidently been a rotary twist, but whether from right or left, or the reverse, defied most solicitous diagnostic effort.

Being intimate friends, as well as maintaining the relation of physician and patient, I met him often for several years afterwards, but never knew him to have any cardiac difficulty. Both removing from that locality to different cities, we maintained correspondence until two years ago, when one morning, after rising at his usual early hour, he went into his parlor. Not responding to the breakfast call, he was found dead on a lounge, as if he had quietly fallen asleep. The message received was that my friend had died of "heart disease."

It would have been a mournful satisfaction to know what relation, if any, was sustained between the accident of 23 years before, and the finale.

307 South Broadway.

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DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

ERGOT IN PARESTHESIA.—(*Phil. Polyclinic.*) Since Sinkler, of Philadelphia, pointed out the value of ergot in paresthesia, the drug has been largely used in this condition. The method of administration in Dr. Spiller's clinic is by the fluid extract, in doses of 15 drops, three times daily, for one week; it is then discontinued for one week, when, should the numbness and tingling persist, it is renewed for one week. Both sexes are alike favorably influenced by the remedy; the average duration of the disease being not more than three weeks.

TREATMENT OF HAY-FEVER WITH SUPRARENAL SUBTANCES.—(*Phil. Med. Jour.*, Aug. 13, '98.) Dr. S. Solis-Cohen, led by the success of the treatment of exophthalmic goitre and other forms of vaso-motor ataxia with suprarenal substance, has made personal trial of this agent for hay fever, with which he has been affected annually for 20 years. After trial of fresh preparation, he substituted five-grain tabloids, which were allowed to dissolve in the mouth (the effect seeming to be slightly better thus, probably owing to direct absorption). The average was five tabloids daily, the last one being taken at bedtime, and ensuring a sneezeless, coryzaless night. He observed no bad effects from its use. He asks to be informed of the results should the remedy be tried.

MOVABLE KIDNEY.—(*Med. Rec.*, Aug. 13, '98.) Dr. Max Einhorn. After an interesting résumé of the subject, Dr. Einhorn concludes in favor of medical treatment for the following reasons:

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1. The results of internal dietetic-mechanical treatment are very favorable, if the gastric and intestinal symptoms are treated according to modern methods, if attention is paid to promoting nutrition, and, if necessary, the wearing of an appropriate abdominal bandage is recommended.

2. As is generally known, very many cases of movable kidney are unaccompanied by symptoms. We find a large percentage of digestive disturbances in patients affected with floating kidney, but if we were to examine all healthy persons, it would perhaps be found that digestive disturbances do not occur much more frequently in subjects of floating kidney, than in those with kidneys in normal position. The digestive disturbances, therefore, in the vast majority of cases do not depend upon the movable kidney, and its fixation would not in the least remove the cause of the trouble. Moreover, it is one of the manifestations of general enteroptosis, and its suture would not affect the ptosis of the other organs.

3. The results of nephrorrhaphy are in no respect better than those of rational medical treatment. According to the statistics of Sulzer, the results were unsatisfactory in about one-third of the cases operated; aside from this, the operation still has a mortality of two per cent.

He believes that in rare instances, nephrorrhaphy may be justifiable, especially when a connection between the symptoms and a movable kidney appears to be proven in a high degree, and dietetic-mechanical treatment has completely failed. But the surgeon, before advising operative intervention, should completely exhaust the suggestions and remedies of the physician.

ICE WATER ENTEROCLYSIS IN TYPHOID FEVER.—(*Jour. A. M. A.*, Aug. 13, '98.) Dr. J. S. Tracy endorses this method as superior to any other in the reduction of temperature, and wonders that greater stress is not laid upon it by those who write upon the treatment of the disease. A long, soft, rubber catheter, is slipped upon the ordinary hard tip of syringe, a napkin is tightly wound around the tip until a hard ball is formed, which is to be pressed against the anus to prevent the ejection of the enema. The catheter is oiled, and as soon as the tip has entered the anus, the water is permitted to flow and, by rotating the catheter to and fro, it floats upward as the water expands the intestine; used in this way it does not double upon itself or cause any rectal irritation. It is retained in the bowel for 20 minutes, the nurse maintaining pressure during the time. The fountain should not be higher than a foot above the patient's body.

SPASMODIC TORTICOLLIS; MECHANICAL TREATMENT.—(*Boston Med. and Surg. Jour.*, Aug. 18, '98.) Dr. Herbert J. Hall. The treatment of this disease is often unsatisfactory. Some cases are passed from general practitioner to orthopedist, to neurologist, to masseur, to ophthalmologist, and finally to the general surgeon, all this perhaps without improvement. Richardson and Walton state that "mechanical support to the head has proved not only inefficacious but unendurable, the restraint only adding to the discomfort and tendency to increase spasm." It is certain that some cases must come to operation. Dr. Hall, from a study of the contractions of spasmodic torticollis has been convinced that very mild pressure applied properly at the back and sides of the neck by the hand or simple clasp of metal, will give better control of the motion of the head, than will any method which disregards the neck and seeks to hold the head itself. He has, therefore, applied a spring clamp to the back and sides of the neck. The clamp does practically what the thumb and fingers do in grasping the neck from behind. It is made of light spring steel, broader than, but otherwise similar to, the ordinary trouser-guards worn by bicyclists. There is a tail-piece running from the

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middle of the spring, about six inches down the back. When the clothing is buttoned tightly over it, this tail-piece helps to keep the spring closely applied. The results were best when the collar was worn at about the level of the angle of the jaw. It allows a fair amount of freedom to the head, a factor which is apparently necessary to success. No effort was made to strengthen the opposing muscles but general gymnastic exercise were used to get all of the muscles under control. The results which the paper records should lead to an extended trial of the method.

AN EARLY SYMPTOM OF MEASLES.—(*Amer. Jour. of Dermatology*, July, '98.) Slawyk, of Heubner's clinic (*Deut. med. Woch.*, April 28, '98) draws attention to the eruption present in the mouth during the early days of measles first described by Koplik. It consists of shining red spots in the middle of which there are very minute bluish-white efforescences. Slawyk says that Koplik's spots have not received the attention which they deserve, and that they represent an absolutely trustworthy and early indication of the disease. During last winter an epidemic of measles broke out in some of the clinics of the Berlin Charite. These cases along with those of Heubner's clinic, numbered 52 cases, and in 45 of these Koplik's were observed. In two of the remaining cases the patients were too ill to permit of a satisfactory examination of the mouth. The spots appeared on the mucous membrane of the cheek, and sometimes on the lips. They are mostly few in number. A bright light is necessary, as they are not visible in a yellow light. They practically never run together. They are distinguished from thrush by their color and their rounded coutour. They may be picked off with the forceps without pain or bleeding, and they are then seen under a microscope to consist of large masses of epithelium undergoing fatty changes. They have not been observed in other acute illnesses. In every case where they were seen, the measle rash followed, so that whenever they were present, the child was at once transferred to the measle ward. Koplik's spots appear on the first or second day of the disease, and increase in number up to time of the skin eruption; they usually further remain for three or four days, so that they last from three to six days. They produce no discomfort. In some cases of measles followed by a stomatitis they were absent. No prognostic significance can be attached to them, as they were present in both mild and severe cases.

KERNIG'S SIGN OF MENINGITIS.—(*N. Y. Med. Jour.*, Aug. 27, '98.) At a recent meeting of the Paris Hospital Medical Society (*Progres medical*, July 30), M. Netter insisted upon the great value of a sign of meningitis described by Kernig, in 1894. The sign is this: When a person in health, sits up in bed with his leg flexed, he can straighten it without difficulty; a person affected with meningitis cannot do it unless he lies down. Netter regards this sign as almost pathognomonic.

THE TREATMENT OF POISONING BY CARBOLIC ACID.—(*Therapeutic Gazette.*)—*La Presse Medicale* of March 19, 1898, tells us that Landouzy gives the following directions as to the treatment of this condition: Inject immediately by hypodermic syringe thirty to sixty minims of sulphuric ether as a stimulant. Use a rectal injection of two ounces of sulphate of sodium in three pints of filtered water, irrigating the bowels as high as possible after the manner of Cantani. Administer by the mouth or by means of an esophageal tube of one ounce of sulphate of magnesia in a quart of hot water, as this will form an innocuos sulpho-carbolate with the carbolic acid. It may be necessary also to bleed the patient, and then to perform intravenous transfusion by hypodermoclysis, the injection consisting of 300 grains of chloride of sodium in a quart of boiled distilled water. Morphine and

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heat should be applied to the extremities, and if the fluid which has been injected into the rectum to wash it out has passed away, a small injection of strong black coffee should be given as a respiratory stimulant. Tea and hot punch may also be administered.

ACUTE GASTRO-ENTERITIS OF CHILDREN.—(*Therapeutic Gazette.*)—This acute gastro-enteritis must sometimes be confounded with acute milk infection, which presents similar symptoms, only in a more rapid and alarming degree; vomiting and purging may lead to fatal termination in twenty-four to thirty-six hours in serious cases. In the treatment the physician should not give a drop of milk, but use the treatment outlined above; wash out the intestine at once, and dissolve tannic acid in the water, one scruple to the quart, as it neutralizes the poison. Sustaining, energetic treatment should be given, with baths, meat broths quite warm, one drachm at a time. Only the acidity or alkalinity of the stools Nichols bases his nutrition. Thus, acid, greenish stools call for the proteid elements, animal broth, egg-water, etc., both must be freshly prepared and given in small quantities. Large, frothy alkaline stools call for the carbohydrates, flour (three pounds,) boiled eight hours, cooled and after shaving off the gummy outside coating, grating the hard chalk-like mass to a powder, of which with spiced brandy and hot water a fine pap can be made; arrowroot also answers excellently.

LAVAGE IN THE GASTRO-INTESTINAL AFFECTIONS OF SUCKLINGS.—O. Cozzolino, (*La Pediatria*, Jan., 1898,) describes the operations of washing out the stomach as practiced upon infants. It is contra-indicated in the case of infants in the state of collapse, and in those suffering from affections of the respiratory organs or from cardiac lesions. The author regards it as the best means of rapidly and certainly cutting short an attack of infantile dyspepsia, and preventing the concomitant diarrhea and gastro-intestinal catarrh. It is also of use in haritual tract, and the child shows a decrease in body weight as an insufficient increase; in cases of prolonged labor where the infant has swallowed much liquid amnii; and in nervous disturbances, such as convulsions, which are often due to the irritation of noxious products remaining in the alimentary canal. It is also of use in infants who have been given soothing syrups containing opium, and who are suffering from the effects of that drug. Cozzolino regards as rather fanciful Troitzky's suggestion that lavage should be used as a preventive measure when lactation is disturbed by normal affections, etc., in the nurse.

REINACH—The fifteen patients upon whom the observations were made ranged in age from fourteen days to nine months. All were artifically fed. All had been ill for two or three days when the treatment was begun. As the result of a large amount of fluid in the discharge, allowed marked falling out of weight. Ten or twenty c. c. m. were used for a single injection. Reaction did not occur in any case. In two there was a slight rise in temperature and one patient developed a measlelike eruption without fever fourteen days after the injection. Four children died, two with tubular pneumonia and two with follicular ulceration of the colon.

THE TREATMENT OF ACUTE HEART FAILURE.—Williams, (*Boston Medical and Surgical Jonrnal*, August 4, 1898,) makes the following remarks on this subject: The treatment of acute heart failure may perhaps be best referred to in connection with pneumonia, of which it too often forms the fatal turning point.

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In this disease the conditions affecting the heart are (1) stress of labor; (2) blood-supply and nutrition impoverished and vitiated; (3) innervation, excited and debilitated by the effects of shock and pyrexia. It can be generally noted that the heart failure comes on suddenly but there may have been one or two preliminary warnings of partial collapse. At the very beginning of these signs ammonia should be given, but should be changed after a few days for a mineral acid, of which dilute phosphoric acid is the best. Some digitalin or strophanthus should be added to the mixture, and strychnine should be given separately either in an extra quantity or subcutaneously, if the absorbing powers of the patient are at all doubtful. But the most powerful remedial agent is oxygen, and should be at hand in all severe cases, and should be given in good time as an occasional inhalation. In any case, where heart failure threatens, the high temperature must be reduced by a degree or two by hot or cold sponging.

For sleeplessness a small dose of ten grains or twenty grains of sulphonal taken in a hot fluid at 8 or 9 a. m., and with this preliminary a twenty grain dose of bromide taken at 10:30 p. m. is often sufficient to secure some restful sleep. When delirium is a marked feature hyosine in doses of one-two-hundredths grain, subcutaneously, and repeated once or twice, may sometimes be used to advantage. Cases of persistent sleeplessness almost invariably prove fatal with heart failure. In these severe cases morphine should be given to secure a few hours sleep and to give the nervous system time to recuperate. and to allow of some restoration of heart-power before it is too late. Death has appeared to be averted in some cases by (1) a strong dose of food and stimulant; (2) one-third grain doses of morphine with atropine; (3) the maintenance of aeration by the oxygen current being frequently layed over the mouth and nostrils for a few moments at a time. The oxygen may be warmed as it enters the bag by passing it through a coil of tubing immersed in hot water. Strychnine seems to favor this peculiar sleeplessness of patients when utterly exhausted, but power is unrivalled as a cardiac stimulant and its use in cases severe enough to lead up to this condition is quite essential, and it may be renewed on the effects of the morphine passing.

Acute heart failure in other diseases and from other causes requires a similar handling, varied to meet varieties in the case. Oxygen inhalations are particularly valuable in the treatment of heart failure due to fatty degeneration of the organ in old people. Cheyne-Stokes breathing is a symptom in these cases. Strychnine is a most useful cardiac stimulant.

THE LOCAL APPLICATION OF METHYL SALICYLATE.—Linoissier and Lannois, (*Bulletin de l'Academie de Medicine*, March 22, 1898,) speaks highly of the local application of methyl salicylate to the joints in rheumatic affections. They believe the action is due to the direct absorption of the drug through the skin and not to inhalation through the lungs. They contend that it is converted in the blood, into sodium salicylate, and the advantages of this method of administration are the production of a local analgesic effect, and the avoidance of gastric irritation. Moreover, headache, vertigo and tinnitus are only exceptionally observed when the drug is applied externally. There is little or no local irritation. The remedy is valuable not only in acute and chronic articula rheumatism, but also to a less degree in infections and gouty arthirtis and neuralgia. In acute rheumatism it should be used twice a day. The method recommended is to paint the part with the salicylate of methyl, and to prevent evaporation by covering with several layers of india-rubber. The authors believe that more of the drug is absorbed when it is applied in the pure state than when it is mixed with oils, like

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lanolin and cosmoline. The usual dose is a drachm, but in acute cases, particularly infectious ones, two or three times this quantity may be used.

THE COLD BATH TREATMENT OF SCARLET FEVER.—In a recent number of the *Blatter fur Klinische Hydrotherapie*, (*Therapeutic Gazette*,) Jurgensen of Tubingen, writes on the value of the treatment of scarlet fever, from the moment of its invasion to the end of the disease, by means of cold baths. As soon as the temperature reaches 102½ degrees the patient receives a bath which lasts about five minutes, the temperature of the bath being about 80 degrees or lower. Children well advanced in years may have even colder baths with advantage. Jurgensen claims, with Leichenstern, that by this means the pulse is slowed, the temperature is reduced, and that a very favorable influence is exercised upon the general circulatory and nervous systems. The baths can be repeated every four or eight hours, but seem to be particularly valuable in those cases where the system is depressed by the toxemia of the disease. Where the physician fears that the shock to the patient will be disadvantageous, warm baths may be used, the temperature be as high as 100 to 106 degrees F., and, at the same time that active frictions are applied, cold effusions should be made to the head and shoulders.

The following contra-indications to this method of treating scarlet fever are named: Feebleness of the heart or existence of appreciable myocarditis, difficult respiration, due to stenosis of the air-passages, epistaxis or hemophilia, inflammations of the joints. Where scarlatinal nephritis is to be treated, hot baths at about 100 to 102 degrees, or hot packs may be used to advantage to relieve the kidneys.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

GUNSHOT WOUNDS.—(*Internat. Jour. of Surg.*) A paper on the "Modern Treatment of Gunshot Wounds in Military Practice," by Prof. N. Senn, in the *Journal of the American Medical Association*, for July 9th, reaches conclusions which so tersely outline the conduct and duties of the modern military surgeon that we take pleasure in reproducing them here. These conclusions are as follows:

1. In theory and practice mititary surgery is equivalent in every respect to emergency practice in civil life.

2. The wounded soldier is entitled to the same degree of immunity against infection as persons in civil life suffering from similar injuries.

3. The fate of the wounded rests in the hands of the one who applies the first dressing.

4. The first dressing should be as simple as possible, including an antiseptic powder composed of boracic acid, four parts, salicylic acid, one part, a small compress of cotton, safety-pins and a piece of gauze 40 inches square.

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5. Any attempt to disinfect a wound on the battle-field is impracticable.

6. The first dressing stations and the field hospitals are the legitimate places where the work of the hospital corps and company bearers is to be revised and supplemented. All formal operations must be performed in the field hospitals where the wounded can receive the full benefits of aseptic and antiseptic precautions.

7. Probing for bullets on the battle field must be absolutely prohibited.

8. Elastic constriction for the arrest of hemorrhage must not be continued for more than four to six hours for fear of causing gangrene.

9. The X-ray will prove a more valuable diagnostic resource than the probe in locating bullets lodged in the body.

10. Gunshot wounds of the extremities must be treated upon the most conservative plan, the indications for primary amputation being limited to cases in which injury of the soft parts, vessels and nerves suspend or seriously threaten the nutrition of the limb below the seat of injury.

11. Operative interference is indicated in all penetrating gunshot wounds of the skull.

12. Gunshot wounds of the chest should be treated by hermetically sealing the wounds under the strictest aseptic precautions.

13. Laparotomy in penetrating gunshot wounds of the abdomen is indicated in all cases where life is threatened by hemorrhage of visceral wounds, and the general condition of the patient is such as to sustain the expectation that he will survive the immediate effects of the operation.

The rapid application of a simple and effective aseptic dressing, such as the one mentioned in these conclusions, permits the patient to await further operation until he can be removed to a field hospital in which he can benefit from all the resources of modern surgical skill. Hence, he will obtain care quite comparable to that afforded by modern civil practice, and the surgery of war times will become of such effective value as was never before even dreamed of.

THE WOUNDED IN THE PRESENT WAR.—(*Internat. Jour. of Surg.*) The rather large number of the wounded at the inception of the Cuban invasion has given us some idea as to the nature of the injuries inflicted by the small calibre bullets of the Mauser rifles in use by the Spanish troops. The explosive effects, with which we have already become familiar, have been observed in a certain number of cases, as was to be expected.

It is remarkable, however, that a very large proportion of those who were not immediately killed, or who did not rapidly die from the effects of their injuries, have sustained comparatively slight wounds, and are reported by the surgeons of the belligerent forces to be rapidly progressing towards recovery. A very small number of abdominal wounds has been observed, and it is hinted that the reason for this is, that those men who have been shot in the abdomen, have commonly succumbed at once to the immediate effects of their wounds, since we know that the so-called explosive effects are especially frequently observed in modern gunshot wounds of this region.

Officers and surgeons now serving in the field, and who had an opportunity of observing the wounded in the Civil War, appear to be struck by the small number of amputations that have been rendered necessary in the present struggle.

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This is an evidence that wounds of the extremities, unless directly involving a joint and having a shattering effect, are apt to be a good deal in the nature of a punctured wound, having rather small apertures of entrance and exit, and hence easily kept aseptic.

While we are waiting with excusable impatience for detailed reports of the work and observations of surgeons on the field, we feel that in some respects at least the modern weapons appear to partake of the humanitarian character they long ago were alleged to possess. Injuries of the brain and abdominal region are more certain than heretofore to produce death, but bullet wounds of other regions are of greatly diminished severity, a state of affairs in which the advantages appear to fully compensate for the increased mortality of certain wounds.

When, to the comparative triviality of many wounds which, if inflicted by bullets of larger calibre, would have proved of exceeding severity, we add the effects of modern antiseptic and aseptic treatment, carried on upon the very field of battle and very soon after the infliction of the injuries, we must feel that a new era of field surgery has been entered upon. We see a minimum number of immediate operations, chiefly performed for the arrest of hemorrhage. Wounds of extremities rarely necessitate amputation or even resection. Bullet wounds involving the lungs prove mortal only if some very large vessel is involved.

Under antiseptic dressings wounds need little attendance until the best hospital facilities can be obtained, and hence the proportion of recoveries must be enormously increased over that of former years. The absence of septic complications must make a huge difference in the final mortality returns. Those of us who have had an opportunity of seeing military hospitals of former days, can realize how great a change is now taking place. The old wards reeking with hospital gangrene, the bed, soaked with malodorous discharges, lives ebbing away as if melting under the fire of a common demon of infection and stench, are very nearly the things of the past. Erysipelas, tetanus, osteo-myelitis and gangrene will no longer levy the fiendish tribute paid in former days. It is a subject of congratulation to think that science, ever beneficent, is so strongly and successfully overcoming some of the evils of those unhallowed passions of men which lead to war. If the modern bullet proves a more humane weapon than the one formerly in use, we can rest assured that this development was not brought about for the purpose of making warfare more merciful, and we can truthfully assert that if war has lost some of its former hideousness, the improvement is practically altogether due to the strenuous efforts of a profession of which we have never had such good reason to be proud as at the present time.

TREATMENT OF VARICOSE ULCERS OF THE LEG.—(*The Penn. Med. Jour.*, Aug., '98.) Dr. Ernest Laplace states that the radical cure of the varicose veins should be the initial step for the successful treatment of these ulcers, and as a result the ulcer will immediately take on a tendency to heal, and will require only ordinary attention to help the healing process. Furthermore, the cause being removed in the complete obliteration of the superficial veins, the ulcers once healed remain so permanently.

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OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M. D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

STERILITY: ITS SURGICAL TREATMENT.—(*Amer. Jour. Gyn. and Surg.*) At the Boston meeting of the American Gynecological Society the subject: "The Surgical Treatment of Sterility: How Far it is Justifiable or Expedient?" was discussed by Dr. Matthew D. Mann, Professor of Gynecology in the University of Buffalo. He considered the surgical treatment of sterility due to (1) malformation of the vulva and vagina; (2) atresia of the vagina dependent on disease; (3) laceration of the cervix; (4) stenosis of the os; (5) displacements of the uterus, and (6) endometritis. Suitable operation was advised in the first class of cases, provided the existence of the uterus and appendages could be made out with reasonable certainty. In atresia of the vagina efforts should be made to open the canal if the patient be young. This condition, however, is one which usually afflicts elderly women in whom surgical interference is not indicated. Trachelorrhaphy was advised in cases in which sterility might be due to laceration of the cervix, and stenosis of the os should be treated by divulsion. Retrodisplacements of the uterus are rather conducive to conception than otherwise, therefore it is anteflexion which the surgeon is called upon to treat and all possible means should be employed to correct the position of the organ. Endometritis is considered by the author to be by far the most common cause of sterility. For this condition he recommends forcible dilatation, curetting and packing. Before closing he called attention to the fact that in some cases the husband, and not the wife, is to blame for the sterillity.

STERILITY: ITS CAUSE AND CURE.—(*Amer. Jour. Gyn. and Surg.*) Dr. W. Gill Wylie, Professor of Gynecology in the New York Polyclinic, devoted his entire paper before the American Gynecological Society to the treatment of sterility due to disease of the endometrium associated with anteflexion and dysmenorrhea. The condition, he says, is very common among the better classes, and he considers it due to imperfect development of the genital organs as a result of over development of the brain. The undeveloped uterus falls an easy prey to catarrhal disease, the glands secrete an abnormal amount of mucus, and an irritable condition of the endometrium follows and becomes chronic. The slight degree of anteflexion present is due to the fact that the uterus, which in early life is normally anteflexed has not developed sufficiently to straighten up. This anteflexion plays but a small part in producing sterility, the real cause of the trouble being the endometritis. In order to cure this endometritis and, incidentally, the sterility, the author is of the opinion that the uterine cavity should be treated like an old discharging sinus, viz., by scraping it out and draining it, and therefore he devised the following method which he has employed with the most gratifying results for a number of years: The patient, after having been as carefully prepared (so far as cleanliness and the condition of the alimentary canal are concerned), as though a hysterectomy were to be performed, is anesthetized and a careful bimanual examination of the pelvis made in order that disease of the adnexa may be excluded. She is then placed in Sim's position, the cervix forcibly dilated, care being taken not to tear the uterine wall, and the cavity of the uterus curetted thoroughly. A small, curved, hard rubber drainage tube, having a little bulb at one end, is then inserted into the uterine canal and an Albert Smith retroversion pessary introduced into the vagina. The latter keeps the cervix back in the cul-de-sac so that if contraction of the uterus

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occurs the tube will be forced back into place instead of being expelled from the uterus. The patient is then put to bed and kept there a week. No douches are given, but the vulva is protected by a pad which is frequently changed. The tube is removed at the end of a week and the patient is allowed to sit up and move about her room; at the end of the second week she is allowed to go home As a rule no further treatment is necessary. The next menstruation will be painless and conception generally occurs within six months. If the dysmenorrhea returns, after one or more painless periods, the treatment is repeated. In rare instances a third treatment is necessary, a smaller tube being inserted into the uterus and allowed to remain there for one or two months, the patient being cautioned to refrain from sexual intercourse and to avoid such violent exercise as bicycle and horseback riding.

FORMALIN DOUCHE.—Dr. Wallace A. Briggs, of Sacramento, in the *American Gynecological and Obstetrical Journal*, advises in puerperal sepsis without uterine infection, vaginal formalin douches 1:500. Where the uterus is infected he uses intra-uterine formalin douches, 1:500, every 12 hours, followed by hydrogen peroxide with piston syringe. He then fills the uterus with antiseptic glycerine, *i. e.*, formalin, alcohol, glycerine, 1; 100; 400. Dr. Briggs then leaves patient in exaggerated Sim's position for at least an hour, so that the glycerine will remain in the uterus. After fourth injection he substitutes two per per cent. lysol for the formalin.

FATAL INVERSION OF UTERUS IN LABOR.—Kreitmair (*Munch. med. Woch.*) was called into a labor case where the patient was a primapara, aged 22. The pains lasted about 12 hours, then became weak; flooding set in, yet the child was expelled spontaneously. The cord was twisted twice around its neck. A quarter of an hour later flooding again occurred. The midwife could not detect the fundus above the pubes, and could press the parietes against the promontory. A mass was found protruding from the vulva; the midwife took it for the head of a second child. The flooding became severe. Kreitmair did not arrive till one hour after it had set in, and the patient was then pulseless, restless, and almost delirious. He detected the inversion at once, removed the placenta, and reduced the uterus with the aid of a colleague. The patient died within two hours; subcutaneous saline injections proved useless. The shortness of the twisted cord was the primary cause of the accident, but Kreitmair suspects that the midwife pressed on the atonic uterus when the post partum hemorrhage set in (she admitted "gentle friction"), and made a partial inversion complete.

THE TREATMENT OF THE UMBILICAL CORD.—(*New York Med. Jour.*) Paul Bar (*Journal des praticien*) asks these questions:

1. Should the cord be tied? 2. When should it be tied? 3. How should it be tied? and answers them as follows:

1. The cord should be tied because, although the probabilities of umbilical hemorrhage are very small, a certain proportion of mischances exist, and these should be guarded against.

2. In some cases not a moment's delay is admissible, as, for instance, when the head is born and the shoulders are engaging the perineum, while one or more turns of the cord are around the neck. The cord should then be clamped by two forceps and divided between them. It can be cut and tied in the proper place at leisure. Or, a child is born apparently dead. The cord should then be divided immediately so as to afford opportunity for paying the necessary attention to attempts at restoration. But if everything has been normal, a delay of five or six minutes is recommended. If the cord is immediately cut, there will be seen ooz-

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ing from the placental extremity a certain quantity of blood, which would have passed into the child. If this blood be allowed to drip upon the pan of a balance, the pan will be found to sink for five minutes or so, from the weight of this lost blood of which the child has been robbed, and this amount averages from about 900 to 1350 grains.

3. The author's method of compressing the cord is by means of forcible pressure forceps, sterilized by heat. The forceps is then surrounded by a pad of absorbent cotton and left for from 36 to 48 hours underneath the binder.

BREAST TUMORS.—Dr. Cushing says: The most important deduction is that all tumors of the breast should be removed as early as possible, as even benign ones are liable to become malignant, after which the prognosis becomes much less favorable. My own experience emphasizes this still more strongly. When cancer of the breast is advanced enough to affect the glands in the axilla, it is too late to do much for the patient. I have had a number of such cases, and although I removed all the glands and cellular tissue in the axilla, leaving the vessels clean, and although I removed the pectoralis major and minor muscles, all the patients died within two years, while those whose glands were not affected, and from whom I removed the breast only, are all alive.

NO DRAINAGE TUBES.—Dr. Kelly, like most operators, has gradually abandoned drainage tubes after abdominal sections, and in their place he makes use of the absorbing process of the diaphragm to carry away the exudations from raw surfaces. The foot of the bed is raised from 12 to 18 inches, thus allowing peritoneal fluids to gravitate towards the diaphragm. Many cases are cited to prove the efficacy of the method. I have long been accustomed to raise the foot of the bed in bad cases of celiotomy, but it was rather for the sake of letting the blood flow to the head to avoid fainting and to keep the heart full.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

ETIOLOGY OF CATARRH OF THE UPPER AIR PASSAGES.—(*St. Pet. Med. Woch.*, Oct. 23.) A writer in a Russian exchange mentions the universality of this affection, and emphasizes the resulting evils, especially in the young. He ascribes it largely to the fact that the mucous membranes are not supplied with the moisture required to keep them in normal activity, as soon as the weather compels us to heat our houses. The air is heated to a point when it would hold considerable moisture normally, but the little moisture in the cold outer air is dried out of it by the time it reaches our nostrils indoors.

TUBERCULIN IN TUBERCULOSIS OF THE EYE.—(French Congress of Ophthalmology.) Six years ago Zimmermann enucleated the left eye of a patient for ocular tuberculosis. A year ago the other eye became affected in the same way and while the tuberculous patches were cauterized tuberculin was administered, commencing with 1-500 milligram and increasing in a month to 0.02 to 0.03 every second or third day. The patient is now practically cured, and a series of similar experiments on animals confirm the favorable results of tuberculin as a therapeutic agent in ocular tuberculosis in man and beast.

INTRA-OCULAR HEMORRHAGE IN YOUTH (Abadie, at French Congress of Ophthalmology,) differs in nature and etiology from the same occurring in

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maturity or senility. Sudden, relapsing hemorrhage, evidently a form of epistaxis, is best combatted by hygienic and tonic measures, quinquina, iron, combined with citric or sulphuric lemonade and ergotin. It is rapidly absorbed. Dycrasic hemorrhage, frequently brought on by a fit of anger, is treated much the same way. Wet cups to the temple will also be found useful. If the hemorrhage is secondary to chorio-retinitis mercurial treatment is indicated, and this affection usually follows syphilitic infection. Apoplecti-form hemorrhage into the retina is best combatted with one-half to one gramme quinine sulphate a day, supplemented by wet cupping the temples and myotics, preferably pilocarpin associated with eserin when the symptoms of glaucoma appear. The prognosis of this latter class is grave.

RHINITIS AND PHARYNGITIS ATROPHICA AS A CAUSE OF DYSPNEA.—Sænher, of Magdeburg (*Munch med. Woch.*, May 3), on examining the nose of a patient for suspected polypus, because he could not breathe through the mouth closed, found an absence of any new formation or tumefaction of the mucous membrane, and no other abnormity capable of contracting the lumen of the nostril or impeding it in any way. On the contray the canal was found to be more roomy than usual, the mucous membrane presenting the characters of dry catarrh—in short, there was no obstacle to the free entrance of air. Puzzled, Dr. Sænher ordered a dilute iodine-glycerin solution as a nasal wash, and bade the patient return in a few days. In the meantime he sought in rhinological literature for some light on this paradox, but in vain. When the patient returned, he was much relieved, and on examination of the mucous membrane, from being arid and pallid, had become moist and rosy; air was traversing the nostril freely, and the dyspnea was overcome.

DEFORMITY, ADENIODS THE CAUSE.—Coolidge, (May 19th), in a paper before the American Orthopedic Association, discussed this subject from the standpoint of prevention. He asserted that adenoids were probably the source of tubercular affection in some joint-disease cases. In the discussion following, acute torticollis was mentioned as caused in some cases by absorption of poison by the throat and petit mal, had been favorably influenced by the removal of adenoids.

IRITIS.—(*P. Polyclinic*, Aug. 6th.) Hansell. Close study of a number of cases of iritis recently in Dr. Hansell's service, has shown that this malady is much oftener an auto-intoxication phenomenon that is generally supposed. The result of treatment applied according to these views have fully borne out this contention. Free use of mercury (blue mass) and resin of podophyllum the first day or two, with drachm doses of sodium phosphate, on arising, for 10 days or two weeks, is to be supplemented by 10 grains of ammonium salicylate, or strontium salicylate, every three or four hours during the day. Atropin is, of course, applied to the eye as usual. Under this management, recovery is almost sure inside of two weeks, if syphilis is not the underlying cause; moreover, permanent synechiæ are rare, and all the functions of the eye are perfectly preserved.

TREATMENT OF GRAVE'S DISEASE BY PARTIAL THYROIDECTOMY.—(*Med. Rec.*, Aug. 13, '98.) J. Arthur Booth. The operation cured five out of eight patients; one died; in one no change has occurred; one has been improved, but as the operation was only performed six months ago, we may expect still further improvement, perhaps a cure, for the longer the period of and observation after an operation the better appear the results. The order of

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improvement observed was the same as that noted by others; first the goitre diminishes, next the nervous symptoms disappear, then the pulse rate and vasomotor phenomena improve and the exophthalmos last of all.

Conclusions. 1. Cases of Grave's disease may be entirely cured by operative measures. 2. Pathological and clinical evidence is in support of the view that the symptom complex is the expression of a primary neurosis, multiplied by a secondary glandular intoxication. 3. While the ultimate cause of the disease of the gland is still a matter of speculation, and a mortality of seven per cent. after operation is reported, we cannot justly recommend it as a routine plan of treatment. 4. Sudden death may occur in the course of or soon after operation, and has not as yet received a satisfactory explanation.

NERVOUS AND MENTAL DISEASES.

UNDER THE CHARGE OF H. G. BRAINERD, A.B., M.D., PROFESSOR OF MENTAL AND NERVOUS DISEASES, COLLEGE OF MEDICINE, UNIVERSITY OF CALIFORNIA.

BRAIN SURGERY.—(*Phil. Med. Jour.*) Dr. Edward D. Fisher, of New York, in a recent paper on justifiable surgical interference in cerebral disease, concludes that operative measures are warranted in the following conditions:

1. Fractions of the skull causing pressure-paralysis and coma.
2. Meningeal hemorrhage (traumatic cases and pachymenigitis hemorrhagica).
3. Tumors of the brain when situated in the cortex or in the cerebellum, but not when deeply located, or at the base of the brain.
4. Localized epileptic seizures of the Jacksonian type.
5. Cerebral abscesses, most commonly the sequelæ of gunshot wounds.

THE TREATMENT OF THE PAINS OF ATAXIA METHYLENE BLUE.—(*Therap. Gazette.*) It is stated in the *Journaldes Practiciens* that Lemoine has found this substance of value for the relief of ataxic pains. In two cases he failed to obtain good results from its use, but in five out of seven cases, there was a great diminution in the intensity and frequency of the pains, the relief being complete and prolonged. The pains which seem to be the best relieved by methylene blue are the darting pains in the limbs and the sensation as if a tight band were being drawn about the patient. He asserts that the effect of the methylene blue is very rapid and that the pain speedily disappears. In two or three hours the urine is colored blue. In this different class of cases Lemoine is of the opinion that methylene blue is one of our best remedies.

THE TREATMENT OF POSTERIOR SPINAL SCLEROSIS.—That a man "doesn't know what he can do 'till he tries," is well illustrated by the results obtained in Europe in the last two years in the treatment of organic ataxia, especially that of tabes dorsalis by the practice of systematic movements, concerning which an interesting article by Dr. J. Walsh, dated from Berlin, appears in the February number of the *Therapeutic Gazette.* The treatment consists essentially in a careful reduction of the affected limbs by appropriate exercises, having for their aim the establishment of muscular co-ordination. That such a thing is possible is best proved by the fact that a considerable number of cases are now reported by eminent neurologists, in which patients, bedridden in some cases for several years, have been put on their feet and enabled to regain the lost faculty to a serviceable degree. In such cases it is evident that sensation, while seriously obtunded, is not wholly lost, and the brain, through special education,

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is taught to discriminate and combine afferent impulses of much less than normal intensity. The treatment, in many cases which begins in bed, is at first confined to definite movements of the simplest kind, the object being the cultivation of precision. They are at first guided almost entirely by sight; later, when a certain degree of skill is attained, this guidance is dispensed with. In time the patient, having exercised his legs and feet in sitting position, is put on upright crutches, and by carefully graduated exercises, is taught step by step to walk, and, as his ability increases, these supports are substituted by a cane. As before stated, this method depends for its success upon the exactitude demanded for each separate movement. In addition, it is important to remember that the seances must, especially at first, be very brief, not averaging more than seven minutes twice a day. The intense attention needed in their execution involves a high tension in the cerebral motor-centers and undue strain results in great fatigue and discouragement. Contra-indications for this treatment are few. Fulminating cases, with severe and constant pains and marked bladder and rectal involvment, are not benefited. Those respond best in which the pathological process seems to go in abeyance, while in the preataxic process the employment of this method has in a number of reported cases prevented in a marked degree the development of incoornation.

PERCUSSION OF THE SKULL.—(Macalester.) Dr. John B. Hamilton, editor *Journal A. M. H.*, thus calls timely attention to this subject important to neurologists and neuro-surgeons: "It was announced at the Italian Congress of Surgery, which concluded its sessions at Rome, Oct. 30, that percussion of the skull is perfectly practicable and will be found a valuable aid in diagnosing. E. de Paoli and A. Mori have made an extensive study of the subject, and state that the sound obtained by percussion with the fingers is produced by the vibrations of the bone walls, the contents of the skull and the air in the buccal cavity. Any modification in sonority indicates an intra-cranial lesion and also its exact location. The sound obtained by percussion of symmetric points is identical if both are normal. They introduced the yolk of an egg, blood and other substances into the skull of cadavers, and the variations in the percussion were instructive. Applying the results of these experiments to patients with circumscribed lesions, they diagnosed positively by percussion, the exact location of cerebral abscesses, hematoma under the durameter, localized meningitis, etc., and the diagnosis was confirmed in every point by the operation, or necropsy later. When percussion is painful they use the stethoscope placed on the bregma." The subject is worthy of yet further research. Cranial percussion has an undoubted place in physical diagnosis. Without publishing our results, we have resorted to it for many years chiefly with a view through the tenderness or pain elicited on percussion to find in the intra-cranial locus mori when the scalp was not tender to pressure.

DEATH IN HYSTERIA.—(*Journal of Nervous and Mental Diseases.*) Although the manifestations of hysteria are usually considered to be a benignant character, cases have been observed in which death, due to various conditions, has occurred suddenly. Dr. Le Fournier, in a thesis, has collected a number of illustrative cases, and points to the dangers connected with spasm of the glottis, and anorexia. Thus several cases are reported in which tracheotomy was resorted to in order to prevent asphyxia. A child, six years old, in imminent danger of being asphyxiated, the attack lasting one hour, was saved by applying the faradic current.

Another case was that of a girl, 20 years old, subject to laryngeal spasms, who was revived by artificial respiration, but who died in a similar attack. Hysterical

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anorexa ends fatally quite often. After a certain duration the patient falls into a semi-comatose condition, becomes sleepless, greatly emaciated, and bedridden. If fed artificially in this state the patient continues to lose flesh, the stomach being unable to perform its functions. Death may also occur from incessant vomiting, as for instance:

A patient who was subject to attacks of hysterical vomiting, after taking her evening meal as usual, went to bed and died during the night. The autopsy made 36 hours after death, revealed nothing abnormal to note, and the stomach contained four ounces of food. Occurence of sudden death in hysterical subjects has further been observed to be due to attacks of an angina pectoris, and supervening upon abdominal operations, especially vaginal hysterectomy.

DOUBLE OPTIC NEURITIS IN TYPHOID FEVER.—The diagnosis between typhoid fever and meningitis, especially in children, is often exceedingly difficult, and the author relates an instructive case which calls attention to the fact, mentioned by few authors except Gowers, that choked disc may occur in typhoid fever.

The patient was a boy of 11, who for 18 days presented an anomalous group of symptoms, abdominal and cerebral, with fever, ranging from almost normal to 104.2° just before death. The symptoms and the course of the affection were such that it seemed impossible to make a positive diagnosis until two days before death, when inequality of the pupils, and well marked double optic neuritis were noted, more pronounced upon the right side. From the presence of these symptoms the observer was strongly inclined to a diagnosis of meningitis, but the autopsy revealed distinct inflammation of Peyer's patches, with a decided enlargement of the mesenteric glands and solitary follicles. Examination of the brain and meninges was entirely negative.

CLINICAL LECTURE ON TWO CASES ON MALAORIAL NEURITIS WITH TREMORS.—James states that malaria may cause neuralgia, and that it is especially liable to affect the first division of the trifacial nerve, but may also cause cardialgia, gastralgia, etc. There may be painful affections of the sensory nerves, or localized paresthesia, or anesthesia, or disturbance of function of some of the special sensory nerves, resulting from malaria. Malaria may cause paralysis, tremors, cramp-like muscular contractions or even convulsive movements. These motor disturbances are most frequent in the face. Cases of epilepsy due to malaria, which have been benefited by the administration of quinine, have been reported. These conditions are due to the malaria organism or its products, and in some cases the malaria element is easily overlooked. The writer describes two cases which presented symptoms of grave organic disease. In one case the pyramidal tracts seem to be involved, and in the other the sensory parts of the cord appear to be markedly affected. In addition to the motor troubles that were disturbances of sensation and equilibration, somewhat like those of ataxic paraplegia. In one case degenerative changes seemed to be developing in the brain as well as in the cord. Two symptoms in these cases are especially noted by the writer, namely, tremor in all the limbs and vesical disturbances. Malaria, like other poisons, may cause tremor.

These patients were at first treated with iodide of potassium, salicin, and arsenic, without improvement. Quinine (5 gr.), thrice daily was then given, and the amendment was as distinct as it was immediate; both patients felt stronger, physically and mentally; the tremor diminished and the vesical symptoms improved. Strychnine was also given hypodermically, and later a narcotine was substituted for the quinine. Both patients, at the time the report was written, were still

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somewhat feeble. The writer regards these cases as due to malaria neuritis. In both patients the knee-jerks were exaggerated and ankle clonus was present.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

(Regular meeting, July, 1st, 1898, the President, Dr. R. W. Miller, in the chair)

A symposium on Rheumatism occupied the evening, it being discussed under the following heads:

Etiology, pathogenesis by Dr. J. E. Cowles.

Rheumatism, as Affecting the Visceræ, by Dr. Geo. L. Cole.

Rheumatism and Gout, by Dr. J. H. Utley.

Longevity and Heredity, by Dr. D. B. Van Slyck.

Dr. J. E. Cowles: Osler defines rheumatism as an acute, non-contagious, febrile affection, depending probably upon an unknown infective agent, and characterized by multiple arthritis and a special tendency to involve the heart.

It is more frequent in humid, temperate climates, more frequent in England than in America, probably on account of the English beef-eating tendency. It is rare in the tropics, probably because the inhabitants live largely on fruit diet. Recent experiments show that a pure fruit diet is the nearest approach to an aseptic diet.

Young adults are most often affected; those between 15 and 25 years, comprise about 48 per cent. of all cases, and between 25 and 35 years include 25 per cent. more, so from 15 to 35 years of age three-quarters of all cases occur. Under the age of puberty, females are more often affected; over 20, males oftener—this perhaps due to greater exposure as well as perhaps the more liberal meat diet of males; at least it is a significant fact.

Theories of Causation.

1. Metabolic theory. Production of morbid material by defective processes of digestion and assimilation. Dilated stomach common, allowing prolonged retention and decomposition of food with formation of ptomaines, lactic acid and uric acid.

2. Nervous disturbance. Shock to nervous centers from cold causing trophic disturbances or errors in metabolism, resulting from nervous depression.

3. Germ theory. That the arthrites are caused by a specific germ as, *e. g.*, gonorrhea is capable of setting up.

Haig believes that rheumatism and gout are due to uric acid in the blood, or uncocidemia, and he quotes Dr. Stephen Mackenzie as stating that migraine is due to same cause and alternates with rheumatism.

Haig makes this positive statement that in pathology, acute rheumatism may be produced by anything that produces a sharp rise of acidity or fall in the alkalinity of the blood, at a time when there is a considerable supply of urates in the the circulation, *i. e.*, uncocidemia; but if there is no urate, a rise of acidity may produce little or no effect, hence those who eat most meat and drink most beer, and have in consequence most uric acid stored in their bodies, will be most likely to have occasionally considerable uncocidemia, and when exposure to cold and wet, or the sudden onset of any fever supervenes upon this, acute rheumatism may result.

There is no question in my mind about very *positive* relation existing between the eating of red meat and rheumatism. Whether, as Haig says, it is entirely

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due to uric acid or the production of an inordinate amount of ptomaines in a dilated stomach and absorption therefrom, I do not know. 'We do know that meat is very prone to formation of virulent ptomaines, evidenced by fatal cases of poisoning from tainted meat or oysters. Also excrement of carnivora, as of dog or cat, much more poisonous than of herbivora—notice difference in smell of cat and horse excrement.

According to Garrod, joints are much more acid than other circulation (less vascular) therefere more subject to precipitation of urates or uric acid, and as a result more prone to rheumatism; as the lessened vascularity increases with age, so gout takes place of rheumatism, the difference, according to Haig, being only one of degree and acuteness. Rheumatism having less of the poison but being more acute, because tissues are less tolerant than they afterwards become—when more saturated as in the chronic state called gout. Haig has suggested to put children of gouty or rheumatic parents on diet early to prevent rheumatism.

The following is an example of benefits:

W. E. C., 33; never eaten meat; pure vegetarian; never a rheumatic pain nor sick a day. Father and mother both living, 73 and 71. Meat eaters and rheumatic. There is kinship of chorea to rheumatism—may be also between puerperal hemorrhagia and cerebro-spinal meningitis. Many observers have noticed the arthro-pathies in the latter and the curative effect of sodium salicylate.

Climate important. Moist, relaxing climate keeps blood alkalinity high, consequently rarely free from uric acid. While a good climate, with proper diet for prevention—dry, bracing climate better for one with the disease—as affording more rest for the joints and opportunity for repair.

Hare says: The therapeutist cannot tell how he cures this condition because the pathologist cannot tell what the course of the disease is, and yet a little further on he confesses that, "Haig has proved that in rheumatism there is retention of uric acid and that the use of alkalies and salicylates at once cause this substance to be changed into a soluble form ready for elimination. From similarity of its course to acute infectious fevers, while not committing himself, Hare seems to lean to the germ theory of rheumatism.

Chaufford and Ramon, ardent believers in the germ theory, report that cultures made from tissues near inflamed joints and inflamed glands, gave negative results, but that corer slips from fluid in the joints showed a bacillus which they thought the cause of the disease.

Gould, in his year book for '98, makes this statement: "A majority of modern writers agree with this view—but we must refer to the great variance in the bacteriologic studies. The authors above quoted, and others, find a variety, whereas many previous investigators report discovery of micrococci of various kinds." He concludes that no reliance can be placed on any of the claims to the discovery of the specific cause. So he falls in line with Hare. Ochaluse is sure that rheumatisn is due to an anerobic bacillus, while Michaels is equally confident that streptococci or staphylococci may cause the disease, because he found them in the urine of rheumatic patients.

Prof. Newsholme, in his Nidroy lectures, thinks that rheumatism is a microbe disease: because it seems to be at times epidemic; but he admits that our imperfect information in regard to the disease, reminds him of the attempt of the palsontologist, who from a few fragments of bones, attemps to build up the skeleton of the Ichthyosaurus."

In regard to this, Haig says: "So long as we persist in believing that rheumatism is due to some unknown cause, miasne or microbe, we shall continue to say that the patient had an attack or a relapse with endocarditis, which resulted in

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serious heart lesion and a crippled life, and shall regard these things as inevitab e, much as does the jury that brings in a verdict of "death by the visitation of God." But once we realize that these diseases depend solely upon the quantity and solubility of uric acid in the blood, and that, as I have further pointed out, the quantity of uric acid in the blood and its solubility in that fluid, are absolutely and completely within our control, we shall pass at one bound from the unknown to the well-known, shall see that these deadly diseases are not the result of unpreventable causes, but of our own dietetic follies, and that our children need not be crippled or decimated by them, if we allow them to live according to their own inclinations on milk and garden produce, and abstain from forcing down unwilling throats the stimulating but deadly products of animal metabolism."

Dr. Geo. L. Cole: *Endocarditis* is the complication which properly first comes to mind under the head of visceral affections. It is variously estimated as present in from 20 to 40 per cent. of all cases of rheumatism whether mild or severe, and especially in the young—"growing pains." The mitral valve is the one most frequently affected, with or without simultaneous affection of aortic valve. The pericardial friction or the endocardial murmur may be the only evidence of the cardiac affection or there may be pericardial oppression—palpitation, irregular action, dyspnea and fever. The pericardial exudate is either serous or fibrinous, and may be so excessive as to cause death, or it may be speedily absorbed, or may result in pericardial adhesions. Inflammation of the myocardium may also occur, and while rare is said to be usually fatal.

Cystitis and *nephritis* are rare complications of rheumatism.

Iritis, while not so rare, would be an interesting topic for discussion by the oculists, and I hope will be taken up here.

Pleurisy of a rheumatic nature is not so rare as may be supposed. It is said to be more frequent on the left side and often associated with pericarditis. Some cases of bronchitis are thought to be caused by the infection and are said to be extremely slow of recovery.

The *pneumonias* which sometimes complicate articular rheumatism, are probably due to an independent infection, but there is a difference of opinion on this point.

Rheumatism of the *peritoneum* is an affection to which only little attention has been called, but which will doubtless bear further study, and may account for some obscure affections of this membrane. Remembering the tendency of the rheumatic infection to involve serous membranes, we would naturally expect the infection to locate itself here frequently. Tyson in his recent, most admirable work on practice, speaks of it and quotes one case in his own practice, when, in a girl of eight years "for days he thought he was dealing with a case of peritonitis" in which a few doses of salicylates promptly arrested the disease.

Cerebral and *meningeal* rheumatism, while more rare forms, or complications, are, nevertheless, most interesting. It is no new idea, as many of the older works on practice refer to it, and some of them at considerable length. If we accept the theory that rheumatism is an infectious disease, it becomes very easy to understand how the cerebrum and meninges may become involved. Quoting from Wood and Fitz's work on practice, "Restlessness, delirium, convulsions and coma may rapidly develop with subsidence of the joint-inflammations, usually in the second week, and be associated with hyperpyrexia and rapid pulse, the temperature even exceeding 110° F. Ths hyperpyrexia may be the cause of death and no abnormal appearances be found in the brain. Various mental disturbances may occur during the course of rheumatic fever, in mild or severe cases, at the outset

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or during convalescence. The patient may be delirious, even maniacal, with suicidal intentions, or suffer from melancholia." Hemiplegia from cerebral embolism of course, is a mechanical obstruction and quite different from cerebral infection.

I now recall only one case of meningeal involvement which I have seen, and one of cerebral rheumatism. Both cases I saw in consultation; both dying.

Dr. J. H. Utley: I do not agree with Dr. Cowles in regard to the etiology of rheumatism, for I do not believe in the metabolic theory of the disease. What he has said concerning uric acid and its importance as a factor in the etiology and treatment of rheumatism applies more particularly, it seems to me, to gout and lithemia. Gout and rheumatism are certainly distinct diseases, although they present some symptoms in common. We find a decided increase in the amount of urates in the urine of rheumatic patients as we do in other febrile diseases, but that is rather an effect than a cause. We do not find the uric acid crystals in the blood serum by the acetic acid and thread test as in gout. On the contrary, the blood serum is always alkaline and contains a large amount of fibrin, which is one of the diagnostic symptoms of the disease. It is possible for one to suffer from rheumatism and gout at the same time, but this rarely happens, and it is seldom the case that a patient has one disease in early life and the other later. Certainly this would frequently occur if uric acid was responsible for them both.

Here in Southern California we see many cases of rheumatism, most of them of the subacute and chronic varieties, and very few cases of gout. If uric acid is responsible for the one why does it not produce the other disease when other etiological factors are present? I am inclined to believe that rheumatism is an infectious disease, for in no other way can we so well explain its development. The arthritis of gonorrhea, scarlitina, septicemia, etc., presents the same symptoms as acute articular rheumatism, and the bacteria of these diseases are found in the affected joints. Maragliano has found in cases of rheumatism a micro-organism resembling the staphlococcus aureus, only about half its diameter. It is grouped in from six to ten and presents some other characteristics which differentiate it from other cocci. It responds to inoculation tests in rabbits, producing well marked lesions of rheumatism in the joints and heart. It seems probable that the infectious nature of the disease will be established beyond question very soon. It would appear as though Haig has laid entirely too much stress on red meat as an important factor in rheumatism. Many who are large meat eaters do not suffer from rheumatism and the disease prevails among the lower classes in Europe who seldom indulge in that article of diet. Much more important are those etiological factors which lower vitality and favor the growth of the bacteria.

Dr. D. B. Van Slyck: As to longevity and heredity, there is little that can be said of importance; I haven't knowledge statistically. Of course, as to effect on life, if the heart is not involved, they will live as long as anybody. One may be totally disabled and still live to old age. As to heredity, the general belief is that it is important, that is, that a predisposition exists. Think too much stress has been laid on it, some give as high as 36 per cent. There is room for large margin of error; it might be developed by special exposure in certain cases and not be hereditary even although parents may have had it, as the individual might have contracted it any way. If it should exist in grandparents and collateral branches, it would seem plausible as heredity. I would reduce the rate to about 13 instead of 36 per cent. On the contrary, gout is almost certain to occur in some families at some time of life.

I would have been glad to have heard more of treatment. Salicylate of soda is

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the most used. In cerebral form or when head symptoms appear, delirium or threatening of coma, think the salicylates are injurious; or if pericarditis or myocarditis is present, it should be used with caution. For reduction of temperature the use of cold water is the best means. In former times, colchicum was considered the sheet-anchor. In my first years of practice, if a strong patient had a chill, fever and delirium, would bleed and give colchicum, and the effect was marvelous. Used to give colchicums till it produced free catharsis; it is a good many years since I have used it. Might bleed now and follow with salicylates; nothing gives so much relief as salicylates, although heart difficulties are not less frequent than under former treatment.

Dr. Cole: As to treatment, we should not rely exclusively on salicylates; it is just as important to give alkalies, such as bicarbonate of soda or potash. In this last course of lectures given by the late Dr. Austin Flint, he tried to impress the importance of this fact, they are of value in preventing complications with the heart; also use opiates. In an acute case, begin with calomel purge, following with enough morphine to put at rest and then use anti-rheumatic remedies.

Dr. F. D. Bullard: Many recent authorities claim that acute articular rheumatism is of microbic origin. From personal experience I should be led to believe that diet has a large place in etiology. Recently I had a case of rheumatic peritonitis, which at first I thought was septicemia, but on giving salicylates it promptly yielded. On the second day joint involvment confirmed the diagnosis of rheumatism. The salicylate of sodium is so very disagreeable, some stomachs refuse to take it at all. The local application of the oil of wintergreen is often very efficacious.

Dr. Van Slyck: Salicylate of strontium is better borne by the stomach.

Dr. Jos. Kurtz moved to postpone discussion to some meeting in the near future. Carried.

Drs. Mila S. Lund and Mary Donaldson were elected to membership.

On motion, adjourned to meet at the call of the president.

ROSE TALBOTT BULLARD, Secretary.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held August 5, 1898, the following certificates were granted:

BRESEE, MELVIN A., 4959, Los Angeles, Cal., Coll. Med. Univ. Southern Cal., June 3, 1896.
CUTTER JAS. BIRD, 4960, San Francisco, Cal., Med. Dept. Univ. Oregon, April 3, 1893.
DAMERON, LOGAN D., 4961, Phœnix, A. T., Hosp. Coll. of Med. Ky., June 17, 1891.
FEDER, GRACE, 4962, San Francisco, Cal., Med. Dept. Univ. Cal., May 13, 1896.
FINDLEY, WM. J., 4963, New Point, Mo., Coll. Phys. and Surg., Keokuk, Iowa, March 1, 1887.
GARDNER, MARY L., 4964, San Francisco, Cal., Med. Dept. Univ. Col., May 29, 1895.
GASKELL, CHAS. W., 4965, Los Angeles, Cal., Univ. of the South Suwanee, Tenn., Jan. 6, 1898.
GREENWOOD NATHANIEL S., 4966, Baltimore, Md., Baltimore Univ. School Med., Md., April 16, 1896.
HALL, GILES S., 4967, Los Angeles, Cal., Rush Med. Coll., Ill., May 26 1897.
HENNESSY FREDERICK C., 4968, San Diego, Cal., Bellevue Hosp Med. Col., N. Y., March 22, 1897.
HUNTINGTON, SAMUEL D., 4969, San Francisco, Cal., Med. Dept. Univ. Cal., May 12, 1897.
JACKSON, WM. J., 4970, San Francisco, Cal., Coll. Phys. & Surg., S. F. Cal., July 14, 1898.
MACKEY, JOHN G., 4971, Los Angeles, Cal., Coll Med. Univ. Sou. Cal., June 2, 1898.
MAC NEILL, MARY, 4972, San Francisco, Cal., Coll. Phys. and Surg., S. F. Cal., July 14, 1898.
MANKOFF, B. E., 4973, New Haven, Mo., Marion-Sims Med. Coll. Mo., April 10, 1897.
MUELLER, C. A., 4974, San Francisco, Cal., Mo. Med. Coll. Mo., March 5, 1889.
PATERSON, FRANK H., 4975, Oakland, Cal., Coll. Phys. and Surg., S. F. Cal., July 14, 1898.

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PLYMIRE, DAVID B., 4976, San Francisco, Cal., Coll. Phys. and Surg., St. Louis, Mo., March 26, 1895.
RUEDY, ALFORD H., 4977, Los Angeles, Cal., Med. Dept. Univ. Oregon, April 1, 1897.
SACRY, JOHN ALLEN, 4978, Los Angeles, Cal., St. Louis Med. Coll., Mo., April 28, 1898.
SHANK, G. A., 4979, Los Angeles, Cal., Ky. School of Med , Ky., June 30, 1898.
SMITH, DAVID ANGUS, 4980, San Diego, Cal., Keokuk, Med. Coll., Iowa, March 8, 1892.
SMITH, HERBERT R., 4981, San Francisco, Cal., Coll. Phys. and Surg., S. F. Cal., July 14, 1898.
STANSFIELD, HALSTEAD A., 4982, San Francisco, Cal., Cooper Med. Coll. Cal., Dec. 8, 1897.
WALSH, FRANK D., 4983, San Francisco, Cal., Coll. Phys. and Surg., S. F. Cal., July 14, 1898.
WEITMAN, CHAS. L , 4984, Oakland, Cal., Coll. Phys. and Surg., S. F. Cal., July 14, 1898.
WERNER, ADOLF F., 4985, San Francisco, Cal., Coll. Phy. and Surg., S. F. Cal , July 14, 1898.
WILLINGHAM, J. J., 4986, Los Angeles, Cal., Rush Med. Coll., Ill., May 26, 1897.
WILSON, HERMON F., 4987, San Francisco, Cal., Coll. Phys. and Surg., S. F. Cal., July 14, 1898.

At meeting of the Board of Examiners of the Medical Society of the State of California, held Sept. 6, 1898, the following certificates were granted:

ABRAHAM, HENRY, 4988, San Francisco, Med. Dept. Univ. Cal., May 17, 1898.
BILHEIMER, JOHN J., 4989, Selma, Jefferson Med. Coll., Pa., Apr. 15, 1891.
BRIGGS, ASAHEL E., 4990, Roseville, Coll. Phys. and Surg., Chicago, Ill., Apr. 21, 1896.
BRIGGS, SOLON, 4991, Pasadena, Albany Med. Coll., N. Y., Dec. 26, 1869.
COFFEY, TITIAN JAMES, 4992, Los Angeles, Coll. Med. Univ. So. Cal., June 2, 1898.
DERRICK, VICTORY A., 4993, Oakland, Coll. Phys. and Surg., San Fran., July 14, 1898.
DOYLE, OLLINO BURTON, 4994, Fresno, Ky. School of Med., Ky., June 30, 1898.
DRAY, FRANK RAYMOND, 4995, Sacramento, Med. Dept. Univ. Harvard, Mass., June 29, 1898.
FINE, HENRY, M., 4996, Oakland, Med. Dept. Univ. Cal., May 17, 1898.
HESS, H. A., 4997, San Francisco, Barnes Med. Coll., Mo., April 6, 1893,
JONES, LUTHER E., 4998, Sutter Creek, Coll. Phys. and Surg., N. Y., June 13, 1889.
JUDELL, MALVINA IRMA, 4999, Alameda, Med. Dept. Uviv. Cal., May 17, 1898.
MACQUEEN, A. J., 5000, San Francisco, Royal Coll. Phys., Edinburgh, Scot., Apr. 8, 1871, Royal Coll. Surg., Edinburgh, Scot., May 16, 1877, Univ. Brussels, Belgium, Dec. 8, 1891.
MCDONALD, JAMES A. J., 5001, San Francisco, Coll. Phys. and Surg., San Fran., July 14, 1898.
MEYER, JOHN S., 5002, Challis, Idaho, Central Med. Coll., Mo., Mar. 31, 1897.
MILLWARD, WM. CLEMENT, 5003, San Francisco, Univ Edinburgh, Scot., Aug. 1, 1879.
REINHARDT, W. ALBERT, 5004, Minneapolis, Minn., Coll. Phys. and Surg., Minneapolis, Minn. Apr. 8, 1896.
SCHIRMAN, BALPH J., 5005, San Francisco, Baltimore Med. Coll., Md., March 30, 1893.
SCHUMACHER, CHARLES, 5006, Sheep Ranch, Univ. Gottengen, Germany, Jan. 30, 1866,
SUZUKI, SHIE HEI, 5007, San Francisco, Med. Exam. Board, Tokio, Japan, May 31, 1898.
TRACY, STEPHEN E., 5008, Richmond, New Brunswick, Med. Dept. Univ. Penn., June 8, 1898.
WELCH, CURTIS WADE, 5009, Los Angeles, Coll. Med. Univ. So. Cal., June 2, 1898.
YEATES, EDWARD, 5010, San Francisco, Kings and Queens Coll., Ireland, July 14, 1886; Royal Coll. Surgeons, Ireland, July 29, 1886, and Mar. 23, 1893.

CHAS. C. WADSWORTH, M.D., Secretary, 1104 Van Ness Ave.

LECTURES ON TUMORS. By John B. Hamilton, M.D., LL.D., Professor of Surgery, Rush Medical College, and Chicago Polyclinic; Surgeon of the Presbyterian Hospital; Consulting Surgeon of the St. Joseph Hospital, etc., etc. Third edition, 21 illustrations. Philadelphia, Pa., P. Blakiston, Son & Co., 1012 Walnut street. 1898. Price, $1.25.

These lectures essay to set forth the nomenclatures, classifications, symptoms, and the treatment of the various kinds of tumors. No originality is attempted, but the condenced rèsumè, gathered by the author, of over 20 years of surgical practice, and that too, in the wards of a large hospital, is made for the purpose of giving to the students the latest facts of the pathology, history and treatment of neoplasms. The first edition of the work was published some eight years ago, and in that time there has been a revision of the nomenclatures of tumors, accordingly since this classification has been adopted by the American Medical Association, it has also been strictly followed in these lectures. His book is especially intended for students, and larger works on operative surgery deal at length with the removal of this growth by surgical interference. This little book is limited almost exclusively to the pathology and clinical history of tumors.

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SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Subscription price, per annum, $1.50.
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H. BERT. ELLIS, M.D.,
F. D. BULLARD, A.M., M.D.,
Editors and Publishers Southern California Practitioner,
243-246 Bradbury Block, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

EDITORIAL.

NEEDS OF THE HEALTH DEPARTMENT.

There is one department in our city government that the politicians are deposed to neglect, and that is the department of health. In spite of the fact, our present efficient health officer, Dr. Powers, has succeeded in making a beginning this year in establishing a bacteriological laboratory. Serum diagnosis, both for diphtheria and typhoid fever, is now promptly obtained at the City Hall. But there is an urgent need of a trained bacteriologist in the health department, to examine the water, food, milk and microscopical specimens. Besides, typhoid fever and diphtheria, tuberculosis, glanders, anthrax, rabies, tetanus, erysipelas, septicemia and malaria, can be and should be immediately, the officially recognized. The public should be aroused and the profession alive to the value of early diagnosis and prompt treatment.

The food we eat and the water we drink, the milk and butter we use, should be examined by competent and trained physicians. This examiner should be a chemist as well as a bacteriologist; a city chemist is therefore a necessity. Now, no food with the exception of milk receives any adequate, official attention.

A proper chemical analysis of the various foods and substances requiring examination, demands protracted time, proper apparatus, experienced examiners; and all these cost money. In order to edu-

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cate the public up to the necessity of such an outlay, it will be incumbent upon physicians to work persistently toward this end. For there is no topic upon which there is a greater lack of appreciation than the value of a painstaking chemical analysis. At a recent political convention held in this city, there were a large number of physicians as delegates. We were pleased to note this fact, because it is only by taking interest in politics that we, as a profession, can hope to make any impression upon the average politician. Let the profession of this city unite in demanding for the health department these much needed officials. Then too, let us insist upon making this department independent of political machinations. Let competency alone govern their selection. At the present time here is a session of a body of freeholders, whose duty it is to form a new charter for the government of this rapidly growing city. We earnestly urge for their careful consideration the establishment of an adequate health department, with a sufficient staff, which shall be in the hands of the medical chief who shall act independent of the Council.

By all means the legislative branch of the city government should be obliged to furnish the health department with appropriate funds to carry on its work. The present plan of making the health department the means for paying political debts, is unwise, dangerous and most subverting, to the discipline and proper management of this, the most important branch of the city government. Prophylaxis is the great cry of the present age, but inasmuch as the people will not take care of themselves, and by so doing endanger the lives of those who both know the value and practice of the art of preventive medicine, it becomes necessary to inforce, as far as possible, protective measures. There is no doubt that with concerted, persistent effort, we may stamp out of existence, the formerly most fatal disease of childhood, diphtheria. A decade from now it is more than likely that a half-dozen of the diseases will be controlled to the same extent. To accomplish this desireable end physicians must unite in action, and the action emphatically and persistently repeated.

MEDICAL NOMENCLATURE.

Much as one might desire it otherwise, disesase is not an entity. Popular and clinical designations as well, indulge in its personification; but such designations are quite uniformly without significant definition, or at best only symtomatically descriptive, Often, too, the symptom selected may be of least importance. The classification of fevers is somewhat illustrative of these general statements.

Malarial, while indicating the source of the disturbance as having been malaria, yet means nothing. For malaria translated is only bad

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air without specifying the variety. Of this generically, our crowded populations have a superabundance, while but few have the fever which would be supposed to result therefrom, and they from sparsely settled communities rather. Intermittent and remittent are no better than continued; but the intelligent laity, while accepting the former draw the line at the latter, and accuse its medical users of an attempt at evasive concealment, invariably asking "What kind of continued fever?"

Typhoid is as plain as can be. Everybody knows what that is, but the doctor. To him often it is, indeed, *like smoke, cloudy*. Yet many a patient has endured its traditional three weeks, and even its added relapse of as many more, whose intellect has not been once obscured.

Rheumatism, a lively relic of the old humoral pathology, is readily recognized by its victim and his neighbors, all of whom are satisfied with its identity, and the former certainly dissatisfied with its presence. Yet what information even the least is conveyed by its title?

Sooner or later a revision of nomenclature must be had. Of necessity it must be uniform or practically so, in order to an intelligent classification, essential to an intelligent discussion, and the development of rational treatment. There is no apparent reason why this should not be done periodically at definite intervals, as is the case with our pharmacopeia. So far as practicable, it should have an etiological rather than a symptomatic basis.

Modern facilities for research render possible an immediate improvement, with the promise of valuable additions in the near future. The sum total of positive knowledge is small enough, but let us avail ourselves of what may be within reach.

EDITORIAL NOTES.

DR. JOHN S. GRIFFIN died at his residence in East Los Angeles, August 23rd, at the age of 82. Dr. Griffin was a Virginian by birth. He graduated from the University of Pennsylvania in 1837. In 1840 he was appointed assistant surgeon in the army. He was with Gen. Kearney in 1846; and he witnessed the capture of Los Angeles in 1847. He was so pleased with the section that he made it his home, and became the pioneer physician. Dr. Griffin owned at one time all the land on which East Los Angeles and the city of Pasadena now stand. Dr. Griffin was a man of genial nature, public spirited and generous, and very popular among the old families of the city. For 15 years he had retired from practice. He was ever regarded in high esteem by both the public and his professional brethren.

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BOOK REVIEWS.

CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS. A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. Betton Massey, M. D., Physician to the Gynecologic Department of Howard Hospital, and late Electro-Therapeutist to the Infirmary for Nervous Diseases; Fellow and ex-President of the American Medical Association, etc., etc. Third edition, revised, rewritten and greatly enlarged. Illustrated with 12 original full-page chromo-lithographic plates, and 12 full-page halftones. Plates of photographs taken from nature and enormous engravings in the text. Philadelphia, New York, Chicago. The F. A. Davis Company, Publishers. 1898.

Nearly all modern treatises on gynecology have been written from a purely surgical standpoint, but this book covers the ground from an electro-therapeutic point of view. We believe that electricity has a proper sphere in medicine, and in the treatment of certain nervous diseases in particular. We are equally certain that to be of any avail the operator must know what form to use, how to apply it, how not to use it, and have a distinct idea why he is emyloying this agency. In certain fibromata it has been said to have value, so especial attention is given to this subject, but on this there is a chance for discussion between the surgeon and the fully qualified medical electrician. There is, however, one field in which the surgeon, unless he is bold and fortunate in having early access to the case, is bound to fail, and that is malignant growths. Massey's method of mercuic cataphoresis is well worthy of consideration. He reports several cases which seem to "show that the active principles of sarcoma and carcinoma can be killed by cataphorically impregnating the tumor with nascent oxy-chloride of mercury in sufficiently massive dose, while the cancer holding tissues are not killed." This method is discussed in detail, and is the chief topic of importance. No one can afford to reject this treatment without investigation. Cataphoresis is of undoubted value in some instances. The destructive power of electrolysis in nevi is unrivalled. But it remains to be proven if this method of treating cancer is safe or efficient. However, if used at all, it ought to be intelligently employed, and, as oftimes, the cancer is inoperable, and as it is sure to become fatal, any light on the dark question is a gain. Massey's book is carefully written, well illustrated, and a good exposition of the subject. It is scholarly and thorough, and from the standpoint of the electrician, leaves nothing to be criticised.

THE OFFICE TREATMENT OF HEMORRHOIDS, FISTULA, etc., Without Operation, Together with Remarks on Relation of Disease of the Rectum to Other Diseases in Both Sexes, but Especially in Women, and the Abuse of the Operation of Colostomy. By Charles B. Kelsey, A.M., M.D., Late Professor of Surgery at the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine; the New York County Medical Society, etc. Price, 75 cents. E. R. Pelton, 19 E. 16th street, New York. 1898.

This little book contains three lectures. The subject of the first is "The Cure of Hemorrhoids, Fistula, Fissure and other Affections of the Rectum by Office Treatment without Operation," The second lecture is on the "Relation between Diseases of the Rectum and other Diseases in both Sexes, but especially in Women." The third and last lecture is on the "Abuse of the Operation of Colostomy." Ofttimes it is impossible to obtain the consent of the patient for an operation in the case of hemorrhoids, therefore it is an excellent thing to have at hand a rational and effective method of handling the minor cases, and it is the providence of these short lectures to fulfill that want. We believe that the profession will welcome such a work at the hands of so well known a surgeon and specialist as Kelsey. True, the operative procedure is easier and more satisfactory to the

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surgeon, but it often happens that the longer method of office treatment is more accommodating to the patient because it does not require to devote the necessary time in order to bring about the permanent recovery. Hence the legitimate purpose of these lectures.

HANDBOOK OF MATERIA MEDICA FOR TRAINED NURSES, Including Sections on Therapeutics and Toxicology, and a Glossary of Terms with Dose and Use of each Drug. By John E. Groff, Ph. G., Apothecary in the Rhode Island Hospital, Providence. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut street. 1898. Price, $1.25.

It has been the aim of the author of this little book to furnish a manual of materia medica for trained nurses, that will be of particular use to them in their professional duties. It contains a considerable amount of elementary information, and has quite an extensive glossary of medical terms giving both the Latin and the English names in with the synomyns, if there be any. It has the indispensible quality of being so worded as to not only give information, but at the same time not to produce the feeling of conscious confidence in their own ability of managing a case without the aid of the physician.

It first discusses weights and measures, drugs and their proper preparation, and doses. It then follows a section of medical chemistry which ought to be a part of the armentary of the well-trained nurses. Then gives a short chapter on the thermometer of both Fahrenheit and Centrigrade. A half dozen pages are devoted to therapeutics as this topic is beyond the reach of a nurse. This chapter is followed by a very short section on toxology, as it is patent to every one that it is eminently proper for those taking care of the sick to be fairly familiar with the dangerous and poisonous effects that are liable to follow the administration of powerful drugs. With that and the use of this little book would be enhanced by giving a little more attention to this topic than has been allowed in the present addition.

MANUAL OF PHYSICAL DIAGNOSIS FOR THE USE OF STUDENTS AND PHYSICIANS. By James Tyson, M.D., Professor of Clinical Medicine in the University of Pennsylvania and Physician to the University Hospital; Physician to the Philadelphia Hospital; Fellow to the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Third edition revised and enlarged, with colored and other illustrations. Philadelphia, P. Blakiston, Son & Co., 1012 Walnut street. 1898. Price, $1.50.

It is more eminently proper that manuals for students should be written by instructors of large experience both in teaching and in laboratory and clinical work, hence a manual by such a man as Tyson must be inevitably of better quality than one which is written by a mere compilation by an author who has only a reading acquaintance with medical literature. Professor Tyson has written works of importance in medicine. He is known all over this country by his classic works upon urine analysis. Of late years he has also written an entensive work upon the "Practice of Medicine." Dr. Tyson is a thorough pathologist, and consequently he approaches the subject from a logical and thorough understanding of it. As in the treatment of disease the first thing is to diagnose what the matter is, it becomes absolutely essential to thoroughly train the student and young practitioner in the art of physical diagnosis. The new thing especially dwelt upon in this, the third edition of this book, are examinations of the blood, which is illustrated by colored plates, and also the chemical examination of the gastric contents; indeed, 20 pages have been devoted to this latter topic. We do not hesitate, therefore, in recommending this as a safe and thorough manual.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of August, 1898.*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	82	60	71	0
2	80	63	72	0
3	79	63	71	0
4	79	61	70	0
5	80	62	71	0
6	78	63	70	0
7	77	56	66	0
8	82	56	69	0
9	88	62	75	0
10	91	65	78	0
11	91	66	78	T
12	96	68	82	0
13	90	68	79	0
14	95	66	80	0
15	93	64	78	0
16	88	63	76	0
17	86	64	75	0
18	83	56	70	0
19	89	60	74	0
20	92	63	78	0
21	94	60	77	0
22	88	61	74	0
23	82	61	72	0
24	83	61	72	0
25	87	62	74	0
26	88	63	76	0
27	88	61	74	0
28	87	62	74	0
29	85	62	74	0
30	84	59	72	0
31	78	57	68	....
Mean	86	62	74	....

SUMMARY

MONTHLY RANGE OF BAROMETER:

Mean Atmospheric Pressure, 29.86.
Highest pressure, 30.00, date 6th.
Lowest pressure, 29.73, date 31.
Mean Temperature, 74°.
Highest temperature 96°, date 12.
Lowest temperature 56°, date 8.
Greatest daily range of temperature 34°, date 21.
Least daily range of temperature 15°, date 6.

MEAN TEMPERATURE FOR THIS MONTH IN

1878	1885 ..... 75°	1892 ..... 72°
1879..... 72°	1886..... 75°	1893..... 71°
1880 ..... 69°	1887..... 70°	1894..... 70°
1881..... 71°	1888..... 73°	1895..... 69°
1882..... 73°	1889 ..... 72°	1896..... 71°
1883..... 72°	1890 ..... 73°	1897 ..... 72°
1884..... 73°	1891 ..... 75°	1898..... 74°

Mean temperature for this month for 20 years, 72°
Average excess of daily mean temp. during month 3°
Accumulated excess of daily mean temp. since Jan. 1, 251°
Average daily excess since January 1, 1°.
Prevailing direction of wind, SW.
Total movement of wind, 3088 miles.
Maximum velocity of wind, direction, and date, 13m, SW., 5.
Total Precipitation, Trace.
Number of days with .01 inch or more of precipitation, 0.
Mean Dew Point, 59°
Mean Relative Humidity, 71 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881..... T	1887..... .00	1893..... .00
1882..... .00	1888..... .08	1894..... .01
1883..... .00	1889..... .61	1895..... T
1884..... T	1890..... .03	1896..... .01
1885..... T	1891..... .00	1897 ..... .00
1886..... .21	1892..... .01	1898..... T

Average precip'n for this month for 20 years, .03 inches
Total deficiency in precipitation during month, .03 inches.
Total precipitation from Sept. 1 1897, to date, 7.13 inches.
Average precipitation from Sept. 1 to date, 17.30 inches.
Total deficiency from Sept. 1, 1897, to date, 10.17 inches.
Average precipitation for 7 wet seasons, 25.97 inches.
Number of clear days 12, partly cloudy days 19, cloudy days 0.
Dates of frost, none.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., AUGUST, 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cld'y	WIND Direc-tion	Total Mov't
Los Angeles	70.	91.	56.	29.91	75.	1	.07	12	19	0	W	3,326
San Diego	67.	77.	60.	29.92	82.	0	0	30	1	0	NW	4,659
Santa Barbara	65.	78.	54	....	73.	0	0	24	6	1	W	3,233
Yuma	91.9	113.	73.	.....	.....	0	0	23	7	1	.....	.....
Riverside	75.5	108.	52.	.....	.....	0	0	30	0	1	W	.....
N. Ontario	73.2	98.	52.	.....	.....		.07	31	0	0	.....	.....
San Bernardino	76.0	107.	49.	.....	.....	0	0	23	8	0	W	.....
Pasadena	88.4	99.	68.	.....	.....	0	0	29	0	2	N	.....
Redlands	77.6	111.	50.	.....	..	0	0	19	9	3	W	.....
Santa Ana	72.0	91.	60.	...	.....	0	0	..	..	..	S	.....

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter. U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane, Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal,

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 *August, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Cauc'sian	African	Mongol
Deaths from all causes	114	13.28	68	46	18	8	55	33	107	3	4
Deaths under 5 years	....	.....	...	..	....	....	....	....	....	....	.....
i. Specific infectious diseases	17	.81	3	4	3	....	2	2	6	1	.....
ii. Diseases of the digestive system	16	1.86	7	98	4	....	7	5	15	....	1
iii. Diseases of the respiratory system	33	3.84	25	98	2	3	16	12	29	2	2
iv. Diseases of the nervous system	15	1.74	9	6	3	2	8	2	15	..	.....
v. Diseases of the circulatory system, blood and ductless glands	9	1 05	4	5	2	....	6	1	8	....	1
vi. Diseases of the genito-urinary organs	9	1.05	6	3	....	....	5	4	9	...	.....
vii. Constitutional diseases	10	1.16	6	4	3	1	4	2	10	....	.....
viii. Intoxication, violence, accidents	7	.81	6	1	....	2	2	3	7	....	.....
ix. Miscellaneous diseases	8	93	2	6	1	....	5	2	8	....	.....
i. Septicæmia	....	.....	....	....	....	....	....	....	....	....	.....
Pyæmia	....	.....	....	....	....	....	....	....	....	....	.....
Diphtheria	1	.....	1	....	1	....	....	....	1	....	.....
Erysipelas	....	.....	....	....	....	....	....	....	....	....	.....
Typhoid fever	2	.....	1	1	....	....	1	1	1	1	.....
Malarial Fever	....	.....	....	....	....	....	....	....	....	....	.....
Scarlet fever	....	.....	....	....	....	....	....	....	....	....	.....
Measles	....	.....	....	....	....	....	....	....	....	....	.....
Pertussis	....	.....	....	....	....	....	....	....	....	....	.....
Cerebro-Spinal Meningitis	2	.....	....	2	2	....	....	....	2	....	.....
Small Pox	....	.....	....	....	....	....	....	....	....	....	.....
Tuberculosis	1	.....	1	....	....	....	1	....	1	....	.....
Influenza	....	.....	....	....	....	....	....	....	....	....	.....
Dysentery	1	.....	....	1	....	....	....	1	1	....	.....
Syphilis	....	.....	....	....	....	....	....	....	....	1	.....
Tetanus	....	.....	....	....	....	....	....	....	....	....	.....
Carbuncle	....	.....	....	....	....	....	....	....	....	....	.....
Anthrax	....	.....	....	....	....	....	....	....	....	....	.....
ii. Diseases of the Œsophagus	....	.....	....	....	....	....	....	....	....	....	.....
Gastritis	....	.....	....	....	....	....	....	....	....	....	.....
Gastro-Enteritis	4	.....	1	3	3	....	1	..	4	....	.....
Cholera infantum	1	.....	....	1	1	....	....	....	1	....	.....
Peritonitis	2	.....	1	1	....	....	2	....	2	..	.....
Entero-Colitis	3	.....	3	....	....	....	....	3	2	....	1
Appendicitis	....	.....	....	....	....	....	....	....	....	....	.....
Typhilitis	....	.....	....	....	....	....	....	....	....	....	.....
Intestinal obstruction	2	.....	....	2	....	....	1	1	2	....	.....
Diseases of the liver	4	.....	2	2	....	....	3	1	4	....	.....
iii. Membranous Croup	....	.....	....	....	....	....	....	....	....	....	.....
Bronchitis	1	.....	....	1	....	....	1	....	1	....	.....
Pneumonitis	1	.....	1	....	....	....	....	1	1	....	.....
Pleuritis	....	.....	....	....	....	....	....	....	....	....	.....
Phthisis	31	.....	24	7	2	3	15	11	27	2	2
iv. Diseases of the brain	11	.....	8	4	1	2	7	2	12	....	.....
Diseases of the spinal cord	....	.....	....	....	....	....	....	....	....	....	.....
Neuritis	....	.....	....	....	....	....	....	....	....	....	.....
Eclampsia	2	.....	....	2	2	....	....	....	2	....	.....
Epilepsy	....	.....	....	....	....	....	....	....	....	....	.....
Neurasthenia	1	.....	1	....	....	....	1	....	1	....	.....
v Diseases of the Heart	8	....	4	4	2	....	5	1	7	....	1
Degeneration of the Arteries	....	.....	....	....	....	....	....	....	....	....	.....
Aneurism	....	.....	....	....	....	....	....	....	....	....	.....
Anaemia	1	.....	....	1	....	....	1	....	1	....	.....
Diseases of the Ductless Glands	....	.....	....	....	....	....	....	....	....	....	.....
vi. Uraemia	1	.....	....	1	....	....	1	....	1	....	.....
Acute Bright's Disease	....	.....	....	....	....	....	....	....	....	....	.....
Chronic Bright's disease	4	.....	4	....	....	....	3	1	4	....	.....
Nephritis	4	.....	2	2	....	....	1	3	4	....	.....
Diseases of the Genito-Urinary Organs	....	.....	....	....	....	....	....	....	....	....	.....
vii. Rheumatism	1	.....	....	1	....	....	1	....	1	....	.....
Diabetes	....	.....	....	....	....	....	....	....	....	....	.....
Inanition	4	.....	3	1	3	1	....	....	4	....	.....
Senility and Asthenia	5	.....	3	2	....	....	3	2	5	....	.....
viii. Alcoholism	1	.....	1	....	....	....	1	....	1	....	.....
Suicides	1	.....	1	....	....	....	....	1	1	....	.....
Violence and Accidents	5	.....	4	1	....	2	1	2	5	..	.....
ix. Tumors—malignant	5	.....	2	3	....	....	3	2	5	....	.....
Tumors—non-malignant	....	.....	....	....	....	....	....	....	....	....	.....
Other diseases	3	.....	....	3	1	....	2	....	3	....	.....

L. M. POWERS, M.D., Health Officer.

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OUR ADVERTISERS.

JNO. C. LEVIS, M.D., West Bridgewater, Pa., says: I have used Celerina in my own case for insomnia. Among all the hypnotic preparations and nerve tonics, it stands justly pre-eminent. Several persons are now using it and report that no preparation has given such permanent and prompt relief. In a general practice of more than half a century, this is perhaps the first public testimony I have offered. Celerina is the very best nerve tonic now offered to the profession, and can not be too highly recommended. To those wanting a nerve stimulant it will be just the remedy.

SANMETTO.

I have been using Sanmetto for the past three years in my practicè. Have prescribed it in chronic cases of irritable bladder, urethral canal, irritable and enlarged prostate gland, sexual perversion, dropsy and cystitis. I have found, and know it to be an excellent remedy for all the above named diseases. I am more than much pleased with Sanmetto. Every physician should be made acquainted with Sanmetto.

Avondale, Ala. J. P. HAWKINS, M.D.

MEDICINE, A PROGRESSIVE SCIENCE.

THE NEUROSIS.

There is scarcely a writer of prominence today upon this subject who does not lay great stress upon the importance of early and prolonged treatment of the primary manifestations of an almost infinite variety of nervous affections with the view of preventing the constant development of still graver diseases.

Neurosine is composed of only such drugs as are recognized by the profession, as standard medicinal properties. In hysteria, epilepsy, and neurasthenia, unexcelled. Neurosine is presented in the most permanent and palatable form, an elegant and efficient combination of well-known and long-tried remedies concerning whose virtues, in the diseases and conditions indicated, there is absolute unanimity of expression among all observers and authors upon the subject.

The paroxysms of epilepsy is alleviated in the administration of Neurosine, a permanent relief is often obtained by its persistent use, but always where there are symptoms of neurosis, Neurosine should be administered in teaspoonful doses in wine glass of water, three times a day so long as such symptoms continues. In epilepsy double this dose should be given and before the time the paroxysm is indicated the dose should be increased. Many severe cases of epilepsy have been relieved entirely by the persistent use of Neurosine alone. In all forms of female neurosis, Neurosine should be combined with Dioviburnia.

IN fermentative disorders of the stomach, and in corresponding forms of diarrhea, we consider listerine certainly a safe and also a valuable preparation. It is not at all unpleasant to take when properly diluted; especially, then, as an internal antiseptic do we recommend its use. It is, however, largely used as an external antiseptic, and its oily constituents give it a more healing and penetrating power than is possessed by a purely mineral solution. As a toilet antiseptic to use after a post-mortem, or similar work, listerine, with its pleasant odor, needs only to be tried to find a permanent place there. Listerine is a very attractive looking preparation, the liquid being crystal clear, with no sediment or undissolved oils whatever. The Lambert Pharmacal Co. have introduced their product strictly through the profession, which attests their faith in its efficiency.—*Maritime Medical News*, Halifax, N. S.

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FOOD AND TEETH.

George W. Williams, D. D. S., of Richmond, Indiana, one of the leading dentists of that State and a popular writer on dental subjects, in a recent article says: —"Many of the prepared foods sold for children are destitute of the qualities necessary to form sound and painless bones and teeth, and there is a great difference in growing up with fine grained, well glazed teeth in comparison with having the brittle, chalky teeth we commonly see. Diet is of the first importance in promoting the upbuilding of the bony system, and incidentally we would state that as a food for this purpose there is nothing that will equal 'IMPERIAL GRANUM.' It is a pure, unsweetened food, made from the most nutritious portions of the finest growths of wheat. No derogatory word has ever been uttered by the medical or dental professions against 'IMPERIAL GRANUM' and its bone-building qualities. Perhaps the most important period in childhood is when the first set of teeth are erupting. It has been calculated that one child in ten has its life destroyed in consequence of diseases which have their origin at this time. Thus it is evident that children should be watchfully cared for, and I believe that besides those who die from diseases readily traced to irritation during the eruption of the first teeth, a number are the victims of diseases superinduced by general neglect of the mouth and the consequent tooth decay and improper mastication of food."

INTESTINAL ANTISEPSIS IN FEVERS.

Though the Typhoid, Malarial and Yellow Fever epidemics in Cuba have not yet reached this country, it is well to guard against them by taking precautionary measures. If it be true, that the *materies morbii* of these diseases belong to the bacillus group, the remedies manifestly are an antiseptic and an antipyretic. As an intestinal antiseptic we have nothing better than salol. The consensus of opinion is in this direction. When we add the antipyretic and anodyne effects of antikamnia, we have a happy blending of two valuable remedies, and these cannot be given in a better or more convenient form than is offered in "Antikamnia and Salol Tablets," each tablet containing 2½ grains antikamnia and 2½ grains salol. The average adult dose is two tablets. Always crush tablets before administering, as it assures more rapid assimilation. It is not our desire to go into the study of bacteriology here; our aim is simply to call attention to the necessity of intestinal antisepsis in the treatment of this class of diseases. If in the treatment of these diseases, an intestinal antiseptic is indicated, would not the scientific treatment of the conditions preceding them, be the administration of the same remedies? Fortifying the system against attacks is the best preventive of them.

THE Marion-Sims College of Medicine has greatly increased its facilities for laboratory instruction. The course now comprises the following: Anatomy, Histology, Pathology, Pathological Anatomy, Pathological Chemistry, Clinical Microscopy, Physiology, Inorganic and Organic Chemistry.

During the past session the following specimens on the kidney, from recent autopsies, were demonstrated before the class, and will serve as an example of the scope of the work as the other organs furnished equally interesting material.

Kidney. Chronic interstitial nephritis (12), senile atrophy with fatty degeneration, acute parenchymatous nephritis (3), miliary gummata, granular atrophy (4), passive hyperemia (3), arterio-sclerotic kidneys (3), passive hyperemia with diffuse nephritis, passive hyperemia with infarcts, secondary granular atrophy with cysts (2), degenerated syphilomata in kidneys, embryonic type and movable (3), fatty degeneration (2), diffuse nephritis (3), amyloid kidney, acute miliary tuberculosis, acute toxic nephritis with bile deposits, multiple sarcoma, horseshoe kidney, miliary abscesses in kidney, Ribbert's kidney (2), hydro-nephrosis after enlarged prostate.

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ORIGINAL.

ADVOCATING THE TREATMENT OF CANCER OF THE SKIN BY THE USE OF PASTES INSTEAD OF THE KNIFE.

BY GRANVILLE MACGOWAN, M.D., LOS ANGELES, CAL.

When I advocate the use of pastes containing potential caustics for the destruction of cancer of the skin, it is with the knowledge that in so doing I act contrary to the general belief among surgeons that the knife is always the proper remedy to apply for the removal of cancer no matter where it be situated. It seems so easy to take knife and scissors and remove so much of the tissues as may be diseased, and a safe margin of apparently sound tissues to ensure against a regrowth. The time honored precept is to allow one-fourth of an inch beyond the sore for the limit of destruction. The writer always removes about one-half inch of what seems to be healthy skin or mucous membrane and makes the cut as deep as the anatomical structure of the part will allow. Then when the stitches are placed there is the uncomfortable feeling that the operation may not have a successful issue. For who of us possesses that microscopic eye which can see into the flesh and detect the ingrowing columns of epithelial cells, or define the exact limit of the infiltrated connective tissue stroma. The fact is that in the practice of surgery for the removal of cancer, about the face and neck by the knife, recurrence is comparatively frequent because of the anxiety of the sick man to get rid of his malady without a deforming scar, and the desire of the surgeon to avoid the unpleasant advertisement which such a cicatrix would be for him. The dread of being cut is instinctive and a feeling common to all. This we believe, has been transmitted to us from our barbarous ancestors, who used the knife against their fellows only to kill. But when you add to this natural dread the fear of deformity, unfortunately only too well founded, and the disagreeable experience of anaesthesia you certainly will understand, why, out of ten cases you advise to have their small cancers removed by the knife, that six refuse, three delay and only

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one submits. The question most frequent from the sufferer is: "Is there not some other way, sure, even if it does hurt more?" Of course there is. But because it is of common use by charlatans, who frequently do not exercise either skill or judgment in its application, regular physicians, like simple school boys, have refused to study its worth, or to avail themselves of its virtues. Most cancers of the skin can be removed entirely and safely without the use of the knife, actual cautery or curette, with a moderate amount of pain, leaving a thin, pliable and good looking cicatrix. About the face this is the operation of choice. It is a matter of considerable importance what caustic agent is selected to apply to the growth. Temporizing with the weak caustics like nitrates of silver, carbolic acid, lactic acid, trichloracetic acid, chromic acid and the stronger mineral acids only irritates sufficiently to stimulate a more rapid spread of the unhealthy cell growth.

What we want to accomplish is the annihilation of the abnormal tissues, with the conservation of all of the cells in apparently diseased parts that are healthy, and the destruction of all of the weak cells or vicious cells in the surrounding apparently healthy parts. This we can fortunately do, for we have in arsenic, chloride of gold, and pyrogallic acid, substances which possess the quality of selective destruction of the pathological cells of a part to which they are applied, while they at the same time produce a sufficiently intense inflammatory reaction to destroy the weak cells in the immediate neighborhood. By mixing arsenious acid with powdered gum acacia and water a paste is produced that spreads easily. It is known by the name of its inventor "Marsden," and is the best way to employ arsenic for the destruction of cancer. It is usually made by taking two parts of the arsenic to one of the acacia but may be used weaker if there is not much ulceration. If the surface is large or much ulcerated the stronger preparation must always be used, for, strange to say, absorption and poisoning is much more liable to follow the application of the weaker than of the stronger arsenic pastes. This paste should be freshly prepared each time it is wanted. It is applied by spreading on lint or linen cloths which extend beyond the margin of the tumor. A space much larger than a silver dollar may be covered with the stronger preparation. It should not be used about the mouth or eyes. The time limit of its application should depend entirely upon the character of the tumor and the judgment of the operator. From 12 to 24 hours of continuous application will usually be sufficient, but occasionally two, three or even four days will be necessary. You must judge of its action by its effect. If after 12 hours, upon the removal of the paste, the cancer mass seems to be destroyed it is our habit to cut as much of it away as may readily be removed with small, sharp scissors and apply the paste again for 12 hours, repeating the same process until the entire cancer mass is destroyed and there is plenty of inflammatory reaction in the neighborhood. A hot moist dressing is then applied for a few days until the slough separates and the wound is allowed to heal if the granulations are healthy, but if not the paste is applied again for another period of 12 hours. This process is continued until healthy granulations are secured.

For superficial cancer a most excellent application is a mixture composed of equal parts of pyrogallic acid and calomel with enough vaseline to form a paste.

The diseased part should be surrounded by a ring of adhesive plaster. The cup thus formed is filled in with the paste and covered with another piece of adhesive plaster. The paste should be removed every 24 hours and the dry black slough trimmed away each day with scissors. Three to ten days are usually required to accomplish a cure by this paste. The black stain of the surrounding skin caused by the pyrogallic acid may be removed by benzine. Chloride of zinc combined

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with chloride of gold and sodium and sanguinaria we believe makes the best paste for application to cancer of the skin. Its action is readily controlled and it is not dangerous to life, and may be used about the lips or even in the mouth if protected with cotton from the saliva, and frequently changed. It is rapidly destructive to all diseased tissues where it is applied, and creates enough inflammatory reaction to cause the death of the pathological cells in the infiltrated tissues surrounding the cancer. I have used it may times, always with good results, and have seen it remove successfully even a large sarcomatous growth of the jaw protruding into the mouth. The cicatrix left is clean and pliable. The formula originated, I believe, by Dr. Reeves of Texas is: Chloride of zinc, drachms iv; Chloride of gold and sodium; Sanguinaria Canadensis, Sanguinaria aa. 2 drachms, mixed by rubbing thoroughly in a mortar. Take of the semi-solid sufficient to make a paste the consistence of butter by adding water drop by drop, while stirring with a wooden spatula. As it irritates but does not destroy the surrounding skin it is better to confine it by a rim of adhesive plaster a little larger than the sore. Then fill the inter-space with the paste, cover with a piece of gutta-percha tissue and a piece of gauze or lint held in place with strips of adhesive plaster. After 24 hours remove it, examine the yellowish brown slough, cut this away with fine scissors sufficiently to examine the base, and if satisfied the destructive process is sufficient, poultice with a hot borosalicylic dressing until the slough falls. If the action during the first 24 hours is not sufficient, renew as often as necessary at intervals of 24 hours until it is. The telling when to stop is a matter of judgment and experience. It is better to let it remain too long than not long enough.

With regard to the manner of dressing these wounds, left after application of caustics, the writer differs materially from Profs. A. O. Robinson, of New York, and W. A. Hardaway, of St. Louis, who are the most conspicious advocates of the paste method of cancer cure. Robinson states: "Make no effort to treat the part antiseptically, as the toxines from the pus organisms and the inflammatory process in connection with their presence are of service in destroying organisms and pathological epithelia." We do not know exactly what he means by this, but our experience has been that the wounds heal better if treated antiseptically after the process of destruction is completed by the pastes. The sick person is certainly more agreeable to himself and others with such a dressing to his granulating sore, and as our cures have been perfect under clean dressings, we see no reason why we should regard the advise to use foul ones.

314 Bradbury Block.

EPIPHYSIECTOMY AT THE KNEE JOINT IN CHILDREN.

SAMUEL JOHNS HUNKIN, M. D., SAN FRANCISCO.

In the operation now being considered, and which I believe was first done by Sherman, with this specific object in view, an effort is made to preserve the anatomical integrity of the epiphyseal cartilage, and maintain the future growth and development of the operated leg. Knowing now definitely the function of the epiphyseal cartilage, the matter of preserving this is of the first importance. The great objection to exsection of joints, and particularly of the knee joint, before adolescence, has been the inability afterwards for the operated bones to keep pace with the evolution of the bones on the opposite side. In adults we excise a section of bone at the joint, and we have following a definite amount of shortening. In children, on the other hand, in joint diseases a section of bone being removed, (in tuberculosis this implies the epiphysis) and we have an amount of shortening which steadily increases—year after year a higher lift is demanded, and from the

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patient's standpoint, a leg has resulted, which, "gets shorter all the time." This has been so manifestly the case, that the undesirability of excising this joint before adult life has become an axiom among operating surgeons. In Bryant's series of cases, he writes: "We do not consider children as having any part in this operation—no operative interference should be thought of until every other means has been tried." Sheath in '93 reported that he had abandoned all operations in children with joint diseases under nine years of age." Plympton in '95 writes, "excisions should not be performed in children." Phelps says: "I would not think of exsection in those under ten years." And de Forrest Willard says, "not under twelve years." In the history of tuberculous diseases of the knee joint by Griffiths, of Kansas City, in '93, it is strongly emphasized: "that all operative procedures, should tend to non-interference of the epiphyses up to fifteen years of age." Cheyne, in his book on tuberculous diseases of the bones and joints, says—in speaking of children,—"results as regarding excision are very bad, and operation almost absolutely contra-indicated." He adds, "it has been stated, that if the excision is made intra-epiphyseal, interference with growth is not great, but general experience in these cases in which the bones have been sawed within the epiphyseal lines, has shown that ossification of the epiphyses is very apt to occur with complete arrest of growth." This report will demonstrate many cases operated upon, and tuberculous osteitis in the epiphyses, removed in children under ten and twelve years, and even at two and three years of age, in which this growth and development has been almost, if not entirely, maintained. In cases in which disease of this joint is treated by fixation, even when the best result is obtained, the joint is more or less ankylosed, and more or less shortened; years are passed as an invalid; education is neglected; disposition is spoiled, and the child is often a complaining, fretting, hysterical nuisance. On the other hand, where this operation is successful, the disease is quickly brought to an end, the patient is soon about, and very little of the forming period of character and education has been lost.

At present I am not considering the etiology of tuberculosis, neither am I concerned with its involvement of joints as being primary in this position, or secondary to disease of some other organ. I am dealing alone with this fact, that from seventy per cent to ninety per cent of cases of tuberculosis of the knee joint are located primarily in the bones (and the situation of the osseous deposit is usually in the epiphysis,) that the great majority of these cases occur in the first, and in first half of the second decade of life, and that in children, as we have before said, ordinary excisions are almost, if not absolutely, prohibited. For the cases that are primarily synovial, complete arthrectomy is as efficient method of treatment, and this class will not be further considered. But if, as we believe, the synovial cases usually are from extension of the disease from an osseous focus, the operation of arthrectomy is not often sufficient. White swelling beginning then, usually as a tuberculous epiphysitis, we are forced to consider that if diagnosis can be made at an early stage, and the trouble being located, if a procedure can be devised so that the tuberculous focus can be entirely and safely removed, and yet after this operation the growth and development of the leg is maintained, a decided step forward in the treatment of this disease has been taken. This is the claim made, and we believe will be established to your entire satisfaction in this report.

TECHNIQUE OF THE OPERATION.

As soon as the focus is located, while it remains extra articular, and before joint involvement, incision is made down to the bone, the periosteum incised and separated from the bone to the extent of three or four centimetres. The bone is then

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trephined just within the epiphyseal line. The focus of tuberculous material, together with the whole of the epiphyseal nucleus is carefully removed with a sharp spoon, pains being taken that every particle of osseous material is removed, this being done without puncturing the epiphyseal cartilage, although any suspicious point in the cartilage is attacked even at the risk of entering the joint. The epiphyseal cartilage is left intact and contiguous foci in the diaphysis, if any, removed through a second opening over the focus, although in two cases a small fenestrum was made toward the center of the epiphyseal cartilage, and a deposit in the shaft removed through it, and this apparently without materially affecting the result. The cavity is then allowed to fill with blood clot, the wound sutured, and a plaster of Paris splint applied. Most cases are not seen until the joint cavity is filled with granulomatos tissue. This ordinarily being an extension of a primarily bone lesion, the procedure is as follows: Total erasion of all the intra joint structures, careful and particulate excision of all suspicious tissue is insisted upon; thorough scrubbing with gauze especially around the articular surfaces: this completes the first part of operation; the hands are rewashed and sterile instruments used. The articular cartilage is pierced with the point of a knife, and if the nucleus is found softened it is removed through the articular cartilage with a sharp scoop as before. The other bone is treated in the same manner. The articular surfaces are then brought into contact and the leg extended. The skin and capsule are closed with sutures, and pads and plaster of Paris splint are applied from gluteal fold to the ends of the toes. The procedure is varied slightly in different cases. In several the crucial ligaments were divided during the arthrectomy, and afterwards sutured. Ordinarily the capsule and skin wounds were closed separately; in others, most of the capsule being removed during the arthrectomy, the parts of it left and the skin were closed together. In all cases a small gauze drain was placed at each angle which was removed on the third or fifth day, and a small sterile pad hastily placed over the wound. Usually full dressing was not done for two or three weeks; when the sutures are removed, and the line of the wound washed with alcohol; and new pads and splints are applied.

RESULTS.

Fibrous ankylosis, with from ten to twenty degrees of flexion, and a small amount of shortening is usual. One case has perfect mobility, and in another motion is almost normal; while several have motion ranging from five to fifteen degrees. One case healed promptly, was up and around with about fifteen degrees of motion in six weeks from time of operation. He later had a tuberculous gumma about eight c. m. above the site of the incision. This is now healed; the joint has slight motion, is painless, and there is very little shortening. Two cases are not yet healed, one a year and the other about six months after the operation. (At date of going to press, the first of these two is healed; the second has had several abscesses both in leg and thigh; these abscesses cannot be demonstrated to communicate with the joint, but the boy is losing ground and is in bad shape.) Evidently in the three latter cases the total removal of the tuberculous matter was not successfully accomplished at the primary operation. In one case the femoral epiphysis was not removed; the puncture of the nucleus demonstrating it apparently sound. This child later developed a decided femoral epiphysitis, and I have felt that infection may have accidentally occurred at the time of the first operation, by my not having taken sufficient care to see that hands and instruments were resterilized after the erasion was completed, and before the cartilage was punctured. The subsequent operation removed the femoral epiphysis, as well as a focus in the diaphysis above. (This boy is now healed.) In spite, however, of these partial failures, due undoubtedly to inability to remove the ultimate

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particle of diseased tissue, and perhaps also to some faults in technique, we are still forced to conclude, that unquestionally, in each one of the series, we have a decided less amount of shortening than would have occurred after a regular incision. But not only this, but careful measurements made years after the operations show a much greater degree of growth and development than could have reasonably been expected, and certainly more than would have been secured after an excision. I present records of these cases with measurements, and for comparison records of two cases of excision, with present measurements. I also offer a photograph of a child in whom epiphysiectomy has been done on the knee joint, and also one of a case of excision, with measurements; in children, of about the same age, and about the same time after operation.

REPORT OF CASES.

Case I.—James R., male, eight years of age. This boy had a joint of two years' standing, flexed at a right angle, atrophied and shortened. Total erasion was made, and removal of both epiphyses, in the manner already described. Operation was done a little over three years ago. This boy was last seen one and one-half years since, and at that time he had a small abscess in the operation scar; but the leg was straight, strong, painless and 2.4 c. m. shortened. In a letter received from the father of this boy, dated April 13th, '98, more than three years from the date of operation, it reads: "In reply to the several questions you ask, I beg to say Jimmy is getting along nicely; he has good use of his leg, and his general condition is splendid. There is very slight motion in the knee joint. As it is now, it is one inch shorter than the other leg. I measured in the manner you

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describe. It is slightly bent." (The father of this boy came to my office in August '98; from my conversation with him I estimated that the leg is little if any shorter than two years ago; that there is a flexion of about five or six degrees.) Very evidently this boy's leg has developed as fast as its fellow.

Case II.—Duncan McM., boy, six years of age, right knee joint. A tuberculosis and infection with staphylococcus. Operation nearly five years ago. This joint was filled with pus, and the posterior surface of the femur was entirely bare for a distance of 10 to 12 c. m. Usual operation on joint and on both epiphyses. Today this boy is strong and robust, has a good firm limb ankylosed with a flexion of eight to ten degrees, and a shortening of 3.5 c. m. This shortening is located almost entirely in the femur, the tibia being less than 1 c. m. shorter that its mate.

Case III.—James McC., male, four and one-half years of age. Right knee joint, tuberculosis of two years standing; added to the tuberculosis was a staphylococcus infection, with abscesses in both epiphyses. Usual operation was done two and one-half years ago. Today the boy has a strong leg, ankylosed and flexed to about 12 degrees, with a shortening of only one c. m.; this shortening is located in the tibia only, the femur measuring rather more than the bone on the opposite side.

Case IV.—Robert L., male, about eleven years of age. Right joint. Diffused tuberculosis of all intra and extra joint structures. It was also in a bad septic condition. No history obtainable, the boy coming from an orphan asylum. Operation two years ago. The question of amputation was seriously considered, but it was decided to give the boy a chance for his leg, and amputate later if found necessary. Total erasion was done and removal of both epiphyses down to the ossifying line. After a very prolonged suppuration and much sloughing, some small pieces of cartilage were discharged. The boy has recovered with ankylosed leg, sound, strong, and 4 c. m. short.

Case V.—Morris D., male, nine years of age. Disease of two years standing in right knee joint. This was supposed to be purely synovial without any bone lesion. Total erasion was done over a year ago. Boy was soon about and left the hospital apparently well. Four months ago he returned with a tuberculoma at the junction of the middle and lower third of the anterior surface of the shaft of the femur. This was dissected out, but he still has a sinus 3 c. m. deep at this point, and a second about the same depth from the internal angle of the original incision. Neither of these apparently reach the bone, but he has undoubtedly a tuberculous deposit; most probably in the epiphysis. This case is reported here in support of the statement made, that arthrectomy is not often a sufficient procedure and that tuberculosis of the knee has usually an osseous deposit. (This case is now healed.)

Case VI.—Philip H., male, seven years of age. Tuberculosis of the right bursa patella with questionable condition of knee joint. Operation two years ago. Bursa dissected out, and endeavor made to trace connection with the bone or the joint, which resulted negatively. Then under strict precautions the capsule was laid open, and the joint found, apparently, in a normal condition. The capsule wound healed promptly, but a sinus leading to the bursa refused to close. A second operation nine months later found the patella a shell, filled with cheesy matter, the joint filled with granulomatous tissue. Total erasion was done, and a focus of tuberculosis was found in each epiphysis, and a third deposit in the femoral shaft, close to the epiphyseal line. The epiphyses were removed in the usual manner, the diaphyseal focus, through an opening on the anterior surface of the shaft. The boy now has a sound leg; it is used in locomotion, but is pro-

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tected by a plaster of Paris splint; instead of being shorter, the leg is .5 c. m. longer than the unoperated one.

Case VII.—Mary V., female, two and one-half years of age. Injury three months ago to the left knee. Focus located in the tibial epiphysis; this was treated with rest and immobilization for two months, with no advantage to the general condition, and marked disadvantage in the general condition. The tibia was then trephined into the diaphysis close to the epiphyseal line, and a deposit of cheesy matter found and removed. Then a fenestrum was made through the center of the epiphyseal cartilage, and the ossifying nucleus was removed through this opening. The cavity was allowed to fill with blood clot, the wound sutured. Sixteen months after this operation the right leg had grown 4 c. m., and the left 2.6 c. m. The leg showed 170 degrees extension, and flexion without pain 50 degrees.

Case VIII.—Lizzie G., girl, five years of age. Tuberculosis of the left knee joint; apparently synovial, but with puffy swellings over both the head of the tibia and internal condyle of femur. Ordinary erasion was done, then removal of both epiphyses through the articular cartilages. Operation five years ago; at present the left femur is one c. m. longer than the right, and the left tibia 4 c. m. longer than the right; the operated leg therefore being 1.4 c. m. longer than the unoperated one. The motions in the left leg being as free as the right.

Case IX.—Michael D., male, thirteen years of age. Right knee joint tuberculosis of many years standing, flexed, subluxated and atrophied. Boy also had tuberculosis of the ankle, on the same side, as well as consolidation of apex of lung. An exsection was made in this case, the boy being thirteen years of age, and it was held that the more radical operation promised most, considering the condition of the ankle and lung. Measurements taken April 13th, '98, two years and eight months after the operation, show the boy with a straight leg, ankylosed, strong and with little atrophy. The ankle also ankylosed with the tibia-tarsal joint at aright angle. General condition very good, and lung apparently normal. There is as hortening of 9 c. m.; in marked contrast to the cases in which epiphysiectomy was performed in preference to excision.

Case X.—Jack M., male, seven years old, with an old knee joint tuberculosis commencing in infancy; flexed to a right angle, subluxated, and with marked atrophy. Exsection was also done in this case, the tissues being so contracted behind the joint, that it was impracticable to bring the leg into line, without removing a section of bone. Nine months after the operation the leg was 7 c. m. short. A report during the last year said the boy was driving a stage in the mountains, was very strong and robust but with leg much shortened.

To sum up; we believe that in the great majority of cases of knee joint tuberculosis, the disease is primarily intra-epiphyseal; that a diagnosis can often be made before there is any intra-articular, pathological change, and certainly before there is any microscopical alteration; that foci can be located, and removed extra-capsular in the manner described; that after joint involvement a complete arthrectomy having been performed, the foci in the epiphyseal nucleus may be demonstrated, attacked, and eradicated through the articular cartilage; and that if care is taken to preserve the epiphyseal cartilage, more especially at its circumference, the history of the disease will be manifestly shortened; the growth and development of the leg can reasonably be expected to continue. On the one hand you will not have a child losing the best years of its life wearing an apparatus, or on a sick bed; nor on the other hand be mortified to have your patient come into your office seven years after a successful operation, wearing a sixteen-year-old leg on one side and a ten-year-old one on the other.

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Through the courtesy of Doctor H. M. Sherman, I have been enabled to use the records of the Childrens' Hospital to complete these histories.

1614 California St.

PELVIC DISEASE AND INSANITY.

BY ERNEST HALL, M. D., L. R. C. P., EDINBURGH,
FELLOW OF BT. GYN. ASSOCIATION.

The ever increasing burden of the insane that the state is compelled to bear from year to year should call the attention of those who have the national welfare at heart to the necessity of a closer investigation as to the causes and to the elaboration of more effectual remedial measures. Investigation is being prosecuted in many departments with encouraging results. Nature is being compelled to disgorge her secrets as to causation of many diseases, but with the ever increasing illumination the shadows still lurk in many quarters, and over no department are the clouds of ignorance denser than over the afflictions of our insane population. Is there no balm in Gilead, no one to loose some of these unfortunates and let them go? Must present space be over crowded and new asylums be built?

The determination of the various causes of insanity is, without doubt, one of the most important pathological problems of today and one in which the profession as a whole should become sufficiently interested to contribute what mite of information each member may possess as the result of his individual experience in this matter. It is not to those necessarily in official positions—medical superintendents and assistants in our various asylums—that we must look for the solution of this problem.

It is not always the case that the product of the political machine is either by training or experience, fitted for the work intrusted to him; yet we have Hobbs of London and Burgess of Montreal, who in the face of opposed ignorance have succeeded in giving to the "hopelessly insane" a measure of health and comfort.

We are yet upon the threshold of knowledge with reference to this subject, and all information that can be offered should be readily received and thoroughly sifted until this much neglected subject be brought to a degree of perfection at least equal to that of other departments of medical science.

In a province like British Columbia, but emerging from the pioneer period, subject to booms and strictures somewhat more acute than the older provinces, with a population composed too largely of adventurers, remittance men, "degenerate scions of noble ancestry," Asiatics, *ad nauseam* and subject to occasional attacks of Klondimania and political indecision, it is not surprising to find our insane population comparatively large, but when we look to Ontario, possibly the most favored of our provinces, in resources, climate, and in civil, religious and educational advantages, with industrial competition at a minimum, in fact where all the forces that should tend towards the development of an ideal race appear to focus. Why, we ask, should a province under such exceptional conditions give one insane to every three hundred and twenty-five of the population? The answer to this question must be sought for in a direction other than that in which alienists have been searching, nor is it to be solved by the coining of new nomenclature by the nervous specialist. Theoretical speculations with regard to the psychoneuroses and abnormalities of the neurons may be more interesting than profitable, while campaign theories that determine the amount of mental aberration by the number of gallons of spirits consumed per capita is not less unreasonable.

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An excellent definition of insanity is "a diseased or disordered condition or malformation of the physical organs through which the mind receives impressions or manifests its operation, by which the will and judgment are impaired and the conduct rendered irrational." With the almost universal acceptance of insanity being due to physical disease, and that "mental disease" aside from functional and organic abnormalty is a myth, we may look for the causes of insanity first in the chief organ of the mind, the brain, and subsequently in other organs in the degree of their closeness of connection with the brain. Sufficient evidence is at hand to show that the conception of insanity as related to the primary disease, the brain alone must be abandoned, yet we cannot but admit in all cases of insanity of extra cerebral origin, a secondary toxic, reflex or functional disturbance of the cortex. Admitting the action upon the cerebral cell of a remote irritation, we must also admit the possibility of such irritation passing beyond the limit of repair, and thus producing a pathological condition of the cortex leading to permanent insanity by irreparable injury of the cell. Upon this hypothesis we must admit the possibility of a given case of insanity caused by irritation from a pelvic or other remote organ persisting after the removal of the original cause. The intimate nervous connection between the brain and the sexual organs requires no demonstration, nor does the relationship existing between a physical state and that of local congestion and organic activity, in fact the continuance of animal life depends upon such relationship, and the nervous channel through which such results are made possible is the same channel by means of which a local pelvic irritation may be the cause of cerebral congestion and produce an alteration of the normal cortcial function giving rise to, and indicated by abnormal mentality.

It is not within the scope of this paper to discuss the various pathological conditions of different organs that may stand towards insanity in the relationship of causes and effect, but to direct attention to the disease of the female organs as a factor of no small importance in this connection, not forgetting the fact that the principles herein stated and the deductions that follow have an application by no means indirect to the opposite sex.

It has been stated that insanity exercises a peculiar influence upon the sexual organs of woman. Kirkley of Toledo states that out of 595 inmates of an asylum, 230 exhibited perverted sexual function, but he is silent as to organic disease, in fact there is nothing to lead to suspect any result other than functional.

Another question of importance is in order. Do operations upon the female organs cause insanity? Within my knowledge of surgery in British Columbia only one case has been known to follow any surgical operation and that after abdominal section for tubercular peritonitis in a lady. At the meeting of the American Medical Association, in Jan., '98, Dr. Moyer of Chicago said "there was no difference in the nervous and mental effects following operations upon the pelvic organs from those following operations in other parts of the body."

Mundé, before the Womens' Hospital Society, November, 1897, stated, "in a certain number of cases I am sure that temporary mental disturbance within the first week or two (muttering, delirium, hallucinations, melancholia) following the operation have been due to iodoform toxemia, since the symptoms gradually subsided when the iodoform dressings were discontinued. Undoubtedly predisposition to hysteria and insanity plays a highly important role in the production of mental disturbance, and under physical and mental excitement of any kind, and it is the patients chiefly who are likely to furnish examples of the variety coming under this category. Therefore an operation on any part of the body may in such individuals produce such a result."

The following cases of insanity have come under my observation within the last

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ten months. In all of them was a pelvic examination made. An anesthetic was used where patient resisted.

Case I.—(Reported in full in the Canadian *Practioneer*, April, 1898.) Mrs. McF., aged 35, two children, excellent family history, previous health good. After a prolonged strain due to child's illness she showed signs of melancholia, was placed under the charge of a trained nurse, but not improving was committed to the provincial asylum where she remained for two years and eight months. Her asylum life was characterized by extreme violence, suicidal tendency and disposition to bite and otherwise injure attendants, was considered by the matron as one of the worst cases and by the medical superintendent as hopeless. In fact her husband was told when he brought her home that she was not a fit case for surgical operation, etc. Examination showed right ligament thickened, left ovary prolapsed, uterus fixed and slight perineal rupture. Upon this finding operative treatment was recommended and accepted by the husband and friends. The uterus was curretted, upon section the right ovary was found cystic with tubal adhesions, left ovary adherent in cul de sac with tubal extremity closed. The recovery from the operation was normal.

No change was detected in the mental conditiom until the fourteenth day after the operation, when she conversed a little and appeared to appreciate the services of her attendants, and we were enabled to relieve her of the bandages by which she had been tied to the bed. Improvement continued and within a week she was restored to her former self. Thirty-five days after the operation she returned to her home and family, and today after nine months she enjoyes perfect health mentally and physically. This case comes under Dr. Hobbs' classification of "inflammatory group" in which he has had a mental recovery rate of 49 per cent. with 23 per cent. additional who improved.

Case II.—Mrs. C., aged 57, married, several children, family history excellent, for several years had suffered from vague pelvic pains and undergone medical treatment but without relief; also experienced some financial trouble. Melancholia slowly developed and she was committed to the asylum where she remained one year. A pelvic examination under anesthesia showed mildly lacerated perineum, laxity of the vaginal walls, but no other gross abnormality. Upon this finding I did not recommend treatment, but after conference with the friends, who desired nothing to be left undone that might afford any hope, I opened the abdomen and found large varicocele of both the broad ligaments with calcarous deposits and cystic degeneration of the pelvic peritoneum: Appendages removed.

Post operative history, normal; physical condition much improved and mental condition considerably better, so much that she is easily managed at home and takes not a little interest in domestic affairs, has made not a few clothes for her grandchildren and is much better than we had expected.

Varicocle of the pampiniform plexus is condition frequently met with in abdominal surgery and rarely if ever diagnosed. This condition is supposed to depend primarily upon loss of support through rupture of the perineum.

The connection between varicocele and exhaustion of nervous energy had been fully discussed by Prof. Etheridge before the Genecological Society November 19th, 1897. He says: "An inquiry into the vascular supplies of the pelvis and the effect on it of a lacerated perineum reveals much. The articles are few and simple, the veins are numerous, complicated and much given to presenting to us the peculiarities we call 'plexuses.' Each organ has venous plexus, such as the uterine plexuses, the broad ligament (ovarian and tubal) plexuses and rectal plexus, even the very entrance to the pelvis, the vulva, is supplied with a plexus. The walls of these veins are often thickened and contain phelobolithe. The

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effect reflexly on a woman of the varicose condition of her vaginal and rectal plexuses arising from perineal tears is decidedly often destructive of her nervous system's integrity. In by far the large majority of such we see the digestive system breaking down first. This leads in time to the deficient sanguinification, this introduced anemia sooner or later with its protean evils. The brain and spinal cord soon voice their partial starvation by an exaggeration of the reflexes. Fatigue comes on easily. Insomnia often appears and the all-to-gether once sound woman becomes a wreck sooner or later."

Case III.—Mrs. R., married, no children, insanity, suicidal and religious, had been in the asylum for two years. Examination under anesthesia showed retroversion of extreme degree with dense adhesions. No other abnormality detected, operation advised but husband would not give his consent; she is still in the asylum, giving no signs of improvement.

Case IV.—Miss C., age 24, melancholia of two years duration following brother's death, which was very sudden. Examination under anesthesia showed pelvic organs normal. No improvement.

Case V.—Mrs. W. age 40, no children, subject to epilepsy, inmate of an asylum four months, insanity of a very mild type, also epileptic. Examination under anesthesia showed undeveloped uterus and ovaries. No operation advised. Recovery from mental trouble.

Case VI.—Mr. J., age 28, three children, youngest three years old, no tuberculous history, several miscarriages since, suffered four years with pelvic pains, some better while carrying last child. In January of this year her husband took sick with la grippe, followed by pneumonia. During his sickness the patient acted as nurse and took a share in the household duties, towards the end of the second month she complained of severe back ache and exhibited well marked indications of exhaustion. A pelvic examination showed endometritis, retroversion and great tenderness. Was placed under appropriate treatment including the Weir Mitchell system, but without improvement. The hysterical condition passed to one of religions melancholia which appeared to remain permanent for a few weeks. Finding all treatment unavailing I decided to try surgical measures; curetted, found ovaries enlarged to double their normal size and cysts one inch in diameter attached to each; there were also tubal adhesions; appendages removed. Recovery from operation normal. Mental condition some better for a few days, but within a week was decidedly worse. Sleep became impossible without large and ever increasing doses of hypnotics. Six weeks after operation symptoms of cerebral compression appeared, paralysis, strabismus, etc., with coma and death seven weeks after the operation.

Although this patient presented sufficient pelvic disease to justify surgical measures under ordinary circumstances, the result shows that operation in this case was not indicated and possibly detrimental, if indeed, it did not hasten the fatal result. The mistake of undue haste need not be repeated. In future I shall abstain from operating until the possibility of acute cerebral cause is eliminated. It might be well to suggest that at least one year of expectant treatment be given following the appearance of mental trouble before operative measures be tried.

Case VII.—Mrs. K., aged 46, several children, youngest 13 years. Had "inflammation" after child birth. Mild insanity of twelve years duration, at first intermittent, melancholia and suicidal. Pelvic examination without anesthesia showed perineal tear complete, left tube of ovary one mass of adhesions, possibly an old tube over an abscess, very tender to the touch.

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Patient said "the pain begins there, passes up into my body, then I get nervous." Operation advised, but refused by husband, who said that since she had been sick for so long he preferred leaving the case in the hands of the Lord. From this logic I fled confounded with serious thoughts of the possibility of a contagious element in this matter.

Case VIII. – Mrs. H., aged 46, six children, considerable domestic infelicity. Took la grippe, followed by ethmoiditis of moderate severity, no septic sinuses. Attempted to commit suicide, wandered away from home several times, was committed to an asylum for four months, returning apparently well. A pelvic examination showed no abnormality.

Case IX.—Mrs. W., aged 25 years, two children, youngest five years. Miscarriage three years ago followed by "blood poison." After recovering she suffered from pain in the back and side. On the 11th of October, 1897, she became unconscious, according to her own story, while washing clothes, and did not recover herself until November 24th, when she had but a few hours consciousness, relapsing into the same state as before, and remaining until December 20th, of the same years. Her condition was described by her physician as "Acute Mania" caused by "Congestion of the Womb."

This case came under my observation in July of this year, when I found her exhibiting distinct symptoms of hysteria which marked *globous*. After a few days of bromides, valerian and discipline I found an untimely congested cervix, retroversion and enlarged ovary. With little persuasion she consented to treatment, viz: Amputation of the cervix, currettage, removal of right cystic ovary and ventrofixation. Recovery complicated with stitch abscess. The patient is now free from pain and absolutely well. The history of this case indicated a predominance of the hysterical element possibily upon the borderland, if not actually one of mania.

Case X.—Mrs. B., aged 31, family history excellent, but was considered a somewhat nervous child; two children, youngest seven years; had "inflammation" after birth of last child. Previous to and during menstruation patient would become excessively nervous for a few days and then moderately irrational. It was found necessary to commit her to the asylum where she remained with occasional short intervals for some four years. For the last six months she has been at her father's home and appeared somewhat better. Pelvic examination shows slight perineal rupture, endometritis, enlarged and prolapsed ovary. With the full consent of the patient and friends I curetted, removed the left appendage; ovary hard and about the size of a small cherry; the right ovary was enlarged and cystic, and tube thickened with interstitial inflammatory changes.

The tube was removed, the right ovary resected and the small amount, chiefly cortical matter, that was left was fitted cap-like over the stump of the ligaments and attached with gut. Post operative history normal. It is yet too early to report upon the mental condition, however, so far all satisfactory.

It would be presumptious to draw conclusions from the study of but ten cases, and but four submitted to treatment, yet there are a few deductions that we may be justified in making that correspond somewhat closely the results of those whose opportunities afford wider scope for observation and deeper investigation, we note:

1. That 5 or 50 per cent. gave a history of pelvic pain or inflammatory trouble.

2. That 3 or 33 per cent. gave a history of sepsis following childbirth or miscarriage.

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TABLE GIVING SUMMARY OF CASES.

NAME.	VARIETY OF INSANITY	DURATION.	HISTORY OF PELVIC DISEASE.
Mrs. McF	Violent and suicidal	Two years and ten months.	None.
Mrs. C.	Melancholic.	One year.	Pain in side and back for six months.
Mrs. R.	Religious delusions.	Three years.	None.
Miss R.	Melancholic.	Two years.	None.
Mrs. W.	Mild delusions.	Six months.	None.
Mrs. J.	Melancholic. Religious.	Three months.	Four years with Pelvic pains.
Mrs. H.	Suicidal.	One month.	None.
Mrs. K.	Suicidal. Melancholic.	Twelve years.	Womb disease and inflammation after child birth.
Mrs. W.	Acute mania	Two months.	"Blood Poison" following miscarriage.
Mrs. B.	Premenstrual. Excitable.	Five years.	"Inflammation" following birth of last child.

3. That 70 per cent. presented well marked disease of the sexual organs while one showed an undeveloped condition, that is, 80 per cent. showed gross abnormality of the pelvic organs.

4. That those who had marked pelvic lesions, two had never complained of any local trouble, and so far as we could determine had no suspicion whatever of the present disease.

5. That of the four submitted to treatment one was completely cured physically and mentally, one improved and still progressing, one died from cerebral disease, and one progressing favorably but not sufficiently advanced to be classified.

6. That these results coincide with those of Dr. Hobbs in the London asylum, as reported at the meeting of the Ontario Medical Society, and in the American Journal of Surgery and Gynecology.

Again we note that the direct history of pureperal sepsis in three cases, with a grave probability in two others, is an additional reminder that the greatest care should be exercised—asepsis and if necessary antisepis—in the management of all cases of abortion, miscarriage and normal delivery.

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TABLE GIVING SUMMARY OF CASES CONTINUED.

		RESULT.	
VARIETY OF PELVIC DISEASE.	SURGICAL TREATMENT.	PHYSICAL.	MENTAL.
Ovarian prolapse, tubal adhesions, partial rupture of perineum.	Removal of appendages.	Cure. Gained 35 lbs.	Cured.
Perineum rupture and varicocele of tubovarian plexus, peritoneal cysts.	Removal of appendages and currettage.	Improved.	Improved.
Retroversion with dense adhesions.	Treatment advised but not accepted.	None.	None.
None.	None.	None.	None.
Undeveloped condition of pelvic organs.	None advised.	Improved.	Cured.
Enlarged and cystic ovaries, tubal adhesion.	Currettage and removal of appendage	Worse.	Worse.
None.	None.	None.	None.
Tubo-ovarian adhesion, complete perineal rupture	Advised but not accepted.	None.	None.
Enlarged cervix, retroversion and large ovary.	Amp. cervix, removal of cystic ovary, ventro-fixation.	Improved.	Is well.
Cystic and cirrhotic ovaries and prolapse	Left appendage removed, right ovary resected.	Too early.	To report.

In conclusion let it be clearly stated that nothing is further from the purpose of this paper than to suggest operative interference with the pelvic organs as a panacea for mental disease, but in a very feeble way to rally to support of those, who, strong in the knowledge that experience alone can give, and firm in the conviction that the time has come when a new proclamation must be published to those in mental slavery, are leading us in a campaign against officially intrenched and fortified conservatism. We ask that our insane mothers, sisters and daughters

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be given the same consideration and treatment that we grant to those whose mentality is not disturbed.

If Dr. Hobbs, out of 110 operated upon for gross lesions of the sexual organs, restored to mental health 40, and has improved an additional 25 and that without a death attributable to the operations, and if the limited experience of others corresponds with these results it becomes incumbent upon us (1) to make a pelvic examination of all women before signing papers of commitment, and if pelvic disease be found, to give such patient the benefit of modern gynecological treatment, and (2) to unite in urging upon our respective provincial governments the necessity of thorough and systematic gynecological treatment of their insane population.

Victoria, B. C.

MULTIPLE NEURITIS, FOLLOWING MERCURIAL POISONING.*

BY SILAS F. JOHNTON, M.D.

Mrs. J., American aged 28. She had for two and a half years resided in West Africa where this case occurred.

Unfortunately my notes on the case were by mistake left in Africa and I cannot make an accurate report in detail.

The patient's health had been good, she passed through an uneventful pregnancy, her first, and came to term in prime condition. During the later part of pregnancy she had spoken of slight disturbances of sensation, but not more than one often meets. Labor was normal and easy, occupying eight hours and left her with a moderate tear of the perineum, mostly internal. Owing to pressure of duties this was not repaired. Her condition for the first forty-eight hours was all that could be desired, but I was then hurriedly called and found her in profound shock which had come on with a chill and abdominal cramps. Her pulse was 140 and very weak. Chill was followed by fever of 103.5. Stimulants had but little effect.

The most careful examination revealed no cause whatever for her curious condition which had come on so suddenly and without warning.

After a day or two, during which her condition remained practically unchanged, the severe cramping pains in the calves became a prominent feature, and it was discovered that she could not move her toes. Tactile sense in the affected parts was so retarded as to be almost entirely lost. From the toes it began steadily advancing up the legs, and the pains and muscular cramps became almost unbearable. A marked feature was the very decided exaggeration of the thermic sense. There was very profuse sweating of the affected parts.

During the search for possible causes, metallic poisoning suggested itself, and upon inquiry it was found that after the patient had urinated, the parts had been cleaned with a solution of bichloride of mercury of the strength of about 1.10. The cramp and chill occurred about eight hours after this cleansing. On reaching the hips the paralysis skipped the trunk and appeared in the tips of the fingers. From this on the case progressed very much as any case of multiple neuritis. After traveling up the arms it attacked the throat and by the second week the voice was lost, there was difficult deglutition, and dyspnoea became quite marked. The temperature had fluctuated between 101° and 103° while the pulse remained about 140. She now presented the appearance of one suffering from

*Read before the Los Angeles County Medical Association, Sept. 23rd, 1898.

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severe alcoholic neuritis, the most marked features being paralysis, anaesthesia, muscular cramps, flacidity, atrophy and later contractures.

She has almost no recollection of what occurred during the first two or three weeks although she was perfectly rational all the time. After about two weeks the fever subsided and the pulse became about 120, where it remained for about three months. There was no salivation. About the sixth week slight improvements was noticed in the fingers, then the dyspnoea began to disappear, the pains began to diminish and the voice came lowly back.

She was brought to this country and placed where she could have the best of care and now, six months from the beginning of the attack, she is able to bear a little weight on her feet and is steadily improving.

The feature of interest in this case is the etiolgy.

Puerperal neuritis is comparatively rare and the cases are usually divided into two classes.

(1.) Those thought to be due to nerve injuries from pressure of the child's head or of forceps.

(2.) Those seemingly due to septic infection.

In this case I believe the pressure element may safely be eliminated, as the pelvis was roomy, the labor easy and no instruments used.

As to the second cause, septic infection, I would say that extreme care was exercised to conduct the labor aseptically. I felt quite sure there was no sepsis, but to satisfy myself I put her on the table, made a thorough examination of the parts, dilated the cervix and thoroughly explored the uterus and found no cause whatever for the trouble.

Some authors speak of a malarial neuritis, but Dana says it has not been proven that malaria alone can produce a neuritis, and besides this lady had been very free from malaria, nor was she in the least cachectic.

Africa is mentioned by only a few authorities as one of the places where beriberi is found. I have seen no signs of it there, but as I have been there less than four years, my observation has not been sufficient to be of much value. Beriberi is found mostly among fishermen and sailors or persons who have been illy fed, and I am inclined to eliminate it in this case and consider the mercury the etiological factor.

May it not be possible that some of the cases of puerperal neuritis reported as due to pressure, were due to the somewhat indiscriminate use of the strong bichloride douche, by over zealous obstetricians?

Through the kindness of Dr. Hitchcock I learned of a case which occurred in his practice where an ignorant nurse gave a woman about a quart of a 1-2000 bichloride solution per rectum and it was retained about an hour. The result was a case of neuritis somewhat similar to the one just described, but milder. There was no salivation. Some cases have been reported where neuritis has followed the administration of mercury for syphilis.

CRANIAL OSTEOPLASTY.

BY J. T. STEWART, LOS ANGELES, CAL.

A child eight years old received a comminuted fracture of the right parietal bone—necessitating the removal of fragments leaving an area of brain exposed. The bone defect being an inch and one-half in diameter. The little girl soon became very responsive to external impressions and was afflicted with frequent and severe epileptic seizures.

The mother, a lady of rare intelligence, carefully observed the casual relation of

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changes of temperature, pressure, or any irritation in the region deprived of bone covering. She observed that when the child went from a room of higher to one of decidedly lower temperature an epileptic attack was provoked. That when the child was annoyed, surprised, or in any way excited, the brain became prominent and pulsated violently. These conditions being attended by seizures. So constantly were these observations made, the unprotected condition of the brain was thought to be responsible for the convulsions.

The mother consulted me concerning some means of restoring osseous covering. I discouraged any effort in that direction, arguing the dangers of the operation and the uncertainty of results. Finally the mother's importunities and clear reasoning induced me to operate. The scalp over the defect was raised and immersed in warm normal salt solution for future use. I now made an incision down to the bone describing a flap sufficiently large to cover the exposed brain. With chisel and mallet a delicate layer of bone was raised with this flap outlined by last incision. The flap consisting of bone and scalp, and ample base for its nutrition was twisted into space of bone defect and sutured. The section of scalp was removed from the salt solution and lightly sutured into the space from which the new flap was taken. Rapid and perfect union followed.

The epileptic attacks became less frequent and less severe, and now after an elapse of eight months have entirely disappeared. The features of special interest are the facility with which the skull may be split and transplanted, and the length of time, one hour, the vitality of the scalp flap was preserved in salt solution.

Burdick Block.

A CATASTROPHE IN THE LECTURE ROOM.

BY FRANCIS A. SEYMOUR, M.D.

Of the galaxy of distinguished teachers who composed the faculty of the Medical Department of the University of Louisville a generation ago, none was more popular with its large classes than the witty yet dignified Prof. Llewellyn Powell.

Though long since passed away from the scene of his successful activities, the mere mention of his name is fragrant with pleasant memories to his surviving admirers in the profession. His chair was Obstretrics. On one occasion the class on assembling, was surprised to observe the buckskin manikin prone. Just why it or she should have assumed such an extraordinary posture, could not be surmised by those not in the secret. Promptly to the minute the genial countenance of the teacher appeared, smiling the salute which as usual was cordially returned by hundreds of noisy heels. Turning his glance quickly from the amphitheater to the table before him, apparently without suspicion he tossed the well worn image on its back, when forth from its peritoneal cavity there sprang a frightened cat. Professor Powell enjoyed the joke, and laughed without restraint. Many minutes elapsed before the restoration of order, when with grave countenance he said, "Gentlemen, a remarkable instance of spontaneous delivery." Which suggestion occasioned another ten minutes loss of time. We had supposed the fun over, but on the following afternoon as he approached the manikin, laying his hand gently on it he said, "Gentlemen, let us inquire for the welfare of our patient after the singular catastrophe of yesterday."

307 South Broadway.

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SELECTED.

DEPARTMENT OF MEDICINE.

YELLOW PALMS AS A SIGN OF TYPHOID FEVER.—Filopowicz, (*The American Journal of Medical Science*)—*Centralblatt fur die med. Wiss.*, 1898, No. 11,) calls attention (for the second time) to a symptom of typhoid fever not generally looked for. The palms and soles acquire a yellow color, which is more marked in porportion as the skin is thickened by toil, but present even when the skin is thin. This change comes on in the early days of the disease and lasts until the end, disappearing in convalescence. The author thinks the sign due to the changes in the circulation, especially to anemia of the skin, as the result of which the subcutaneous fat shows through.

THE DIAZO-REACTION.—Krokiewicz, (*The American Journal of Medical Science.*)—(*Wiener klinische Wochenschrift*, 1898, No. 29,) has made an extensive series of observations (more than sixteen thousand tests in eleven hundred cases) on this test, covering a great variety of diseases. Of many of the results it is not necessary to speak here. Suffice it is to say that in most diseases examined the reaction was rarely or never present. An interesting result was that in kidney disease (except in the case of chrysarobin poisoning) the test was never employed. Even in cases of tuberculosis, with chronic nephritis or amyloid disease, the reaction was absent. In malaria the reaction was sometimes obtained in the acute febrile stage; in the chill it was always absent. The author found that diazo-reaction occurring in pulmonary tuberculosis indicates a bad prognosis. The reaction is sometimes present before bacilli can be detected. Cases in which the reaction occurred with slight lesions ran a rapidly fatal course. In miliary tuberculosis the reaction is always present, but may become less intense just before death. The typhoid fever, even in abortive cases, the reaction is always present in the first and second stages; later it becomes less intense or is absent. The reaction in this disease may be looked upon as a symptom, and so long as it is present the disease cannot be considered as subsiding, even if the course at the time seems favorable. The reappearance of the test in convalescence almost always indicates a recidivation. In cases of doubt between cancer of the stomach and intestinal tuberculosis the constant absence of the reaction points to cancer. The author made experiments with the toxins of tuberculosis, typhoid, erysipelas and pus, with negative results, and is inclined to ascribe the reaction to unknown products of cell metabolism.

HARE (*Columbus Medical Journal.*, August 29, 1898) calls attention to the value of calcium chloride in the treatment of small oozing hemorrhages. Dr. Wright, of Netley, England, as is well known, pointed out some years ago that the use of calcium distinctly increases the coagulability of the blood but he also pointed out a fact which must not be forgotten—namely, that after calcium chloride is given in full doses for a number of days a reverse effect is produced, and that delay in coagulation occurs under its influence. The use of the drug, therefore, should not be persisted in for too long a time. During the past winter the writer has had to use calcium chloride on two patients. In two of these, a case of spleno-medullary leucemia, the patient almost bled to death after a necessary minor operation, and while other means of controlling his hemorrhage were resorted to beside calcium chloride, he feels inclined to believe that the arrest of this hemorrhage was, at least in part, due to this substance. The other patient was suffering from repeated hemorrhages complicating typhoid fever. Here, also, other anti-hemorrhage methods were employed, although in any

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event the hemorrhage seems to be controlled by this method; the man ultimately died, however, from a very profuse hemorrhage, and the post-mortem examination revealed the fact that the ulceration in the intestine was so malignant that nothing could have prevented erosion of a number of large vessels.

SELECTION OF WINES AND LIQUORS FOR THE SICK.—Chambers enumerates the following as the classical indications for the use of alcohol:

(1) (a) As a tonic.—For overwork and nervous people with whom great fatigue is associated with loss of appetite. (b) For people with enfeebled digestion.—Moderate doses. stimulate increased flow of gastric juice. (c) In cases of protracted convalescence.—It need hardly be mentioned that in certain cases, by reason of the nature of the malady, and the disposition of the individual, as well as from an inherited predisposition of alcoholism, you should be doubly careful in ordering stimulants.

(2) As a vascular and cardiac stimulant.—In those who lead sedentary lives it is one of the best cardiac stimulants; it improves the quality of the blood, the character of the pulse, and tones up the relaxed arterial system. Here strong spirits should be given, and it is best to administer them in diluted form. When it is remembered that the act of swallowing a stimulant increases the rapidity of the pulse, it will be seen that there is an advantage in having it sipped slowly.

(3) In nervous diseases it is often very useful, and just as often it is dangerous, because of the possibility of forming the habit. In cases of nervous dyspepsia, accompanied with pain, it will often act as a local anesthetic.

The indications of the various beverages may then be summarized as follows:

The malt liquors are indicated as fattening agents, to stimulate the digestion, and as mild tonics and stimulants.

The spirituous liquors are required in acute illness, and are beneficial in old age.

The wines are most useful in convalescence, and in those cases where we are unable to give the stronger liquors, because of their unacceptability to the stomach. Furthermore, they have a fixed place in our dietetics.

Finally, considering some special conditions where selections must be made, it may be said that in anemia, in conditions included under the term malnutrition, and in convalescence, you will do well to order a good claret, burgundy or bordeaux wine. The lighter forms of good quality are best for daily consumption for brain-workers, who lead sedentary lives, and who need a digestive and stimulant. You will hasten recovery in many by ordering a light luncheon, accompanied with wine, between each meal.

Gout is regarded by many as the child of port wine. Next in order as causative of gout are to be mentioned champagne, sherry, madeira, burgundy, and malt beverages. Cider is almost as potent in its causation as are the wines. Claret is almost the only safe wine in gout.

In diarrhea and dysentery you will find brandy of service, especially in the old. Claret is also very valuable; in Germany it is frequently used to the exclusion of water.

In diabetes, claret is safest, but burgundy, hock, or dry sherry and some whiskey, will be found to agree.

In fevers, if self-limiting and of moderate severity, alcoholic stimulants are not indicated until convalescence is established, when they may be given with advantage. You may regard it as an indication for alcohol when the fever is very high from the outset, and the heart appears embarrassed, as shown by a first weak sound.

Chronic alcoholism, in nearly all instances, may be successfully treated without

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liquor. When it is required, it should be given in the form of spirits, and in large doses

In liver diseases it is generally contra-indicated. If demanded, claret or brandy, well diluted with an ærated water, should be given.

Insomnia is often relieved by mulled (spiced) wine, or by whisky and hot water. Beer is also of service in this condition. I need hardly suggest the danger of the formation of the habit under these circumstances; nor need I remind you that whisky is best for the old.

In phthisis the malt liquor are of service early, and the spirituous liquors later in the disease. Remembering that here more than in almost any other disease the digestion is of the greatest importance, you will be governed entirely by the effect produced on the digestion.

In chronic rheumatism and renal disease they may only be given when the demand is greater than the contraindication. And all the while the effect produced must be noted. Well diluted spirits will be found most serviceable.

In scurvy malt liquors are especially serviceable, yet some do better on claret or brandy and water.

NERVOUS AND MENTAL DISEASES.

UNDER THE CHARGE OF H. G. BRAINERD, A.B., M.D., PROFESSOR OF MENTAL AND NERVOUS DISEASES, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

SOME OBSERVATIONS ON BRAIN ANATOMY AND BRAIN TUMORS.—ABSTRACT.—Dr. William C. Krauss, of Buffalo, read a paper at the 92nd annual meeting of the Medical Society of the State of New York, Albany, Jannary 25, 1898, with the above title.

He called attention (1) to the difficulty of remembering the gross anatomy of the brain, and (2) to the almost universal presence of optic neuritis in cases of brain tumor.

He attempted to overcome the difficulty in regard to the anatomy of the brain by formulating the following rules, which are somewhat unique and original, and at the same time easily remembered.

Rule of II. 1. The nerve centers are divided into two great divisions, (1) encephalon, (2) myelon. 2. The encephalon is divided into two subdivisions, (1) cerebrum, (2) cerebellum. 3. The cerebrum, cerebellum and myelon are divided into two hemispheres each, (1) right, (2) left. 4. The encephalon is indented by two great fissures, (1) longitudinal, (2) transverse. 5. Into these two great fissures there dip two folds of the dura, (1) falx cerebri, (2) tentorium cerebelli. 6. There are two varieties of brain matter, (1) white, (2) gray.

Rule of III. 1. There are three layers of membranes surrounding the brain, (1) dura, (2) arachnoid, (3) pia. 2. Each hemisphere is indented by three major fissures, (1) sylvian, (2) rolandic or central, (3) parieto-occipital. 3. Three lobes, frontal, temporal and occipital, on their convex surface are divided into three convolutions each—superior, middle and inferior, or 1st, 2nd and 3rd. 4. There are three pairs of nasal ganglia, (1) striata, (2) thalami, (3) quadrigemina. 5. The hemispheres of the brain are connected by three commissures, (1) anterior, (2) medial, (3) post-commissure. 6. The cerebellum consists of three portions, (1) right, (2) left hemisphere, (3) vermes. 7. There are three pairs of cerebellar peduncles, (1) superior, (2) middle, (3) inferior. 8. The number of pairs of cranial nerves, in the classifications of Willis and Sommering, can be deter-

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mined by adding 3 to the number of letters in each name—that of Willis making 9, and that of Sommering making 12, (or the name containing the more letters has the larger number of pairs of nerves, and vice versa). 9. The cortex of the cerebellum is divided into three layers of cells, (1) granular, (2) Purkinje's cells, (3) a molecular layer.

Rule of V. 1. Each hemisphere is divided externally into five lobes of which four are visible, (1) frontal, (2) parietal, (3) temporal, (4) occipital, and one invisible, (5) insula (Isle of Reil). Roughly speaking the visible lobes correspond to the bones of the cranium; that is, the frontal lobe is underneath the frontal bone, the parietal lobe beneath the parietal bone, etc. 2. The brain contains five ventricles, of which four are visible—the right and left, or 1st and 2nd, the 3rd and the 4th; and one invisible, the 5th or pseudo-ventricle. 3. The cortex of the brain contains 5 distinct layers of ganglion cells.

Studying carefully 100 cases of brain tumor in which an ophthalmoscopic examination has been made for the presence or absence of choked disc (optic neuritis) Dr. Krauss announced the following conclusions:

1. Optic neuritis is present in about 90 per cent of all cases of brain tumor.
2. It is more often present in cerebral than in cerebellar cases.
3. The location of the tumor exerts little influence over the appearance of the papillitis.
4. The size and nature of the tumor exerts but little influence over the production of the papillitis.
5. Tumors of slow growth are less inclined to be accompanied with optic neuritis than those of rapid growth.
6. It is probable that unilateral choked disc is indicative of disease in the hemisphere corresponding to the eye involved.
7. It is doubtful whether increased intracranial pressure is solely and alone responsible for the production of an optic neuritis in cases of brain tumor.

The Philadelphia Medical Journal.

DEPARTMENT OF SKIN AND GENITO URINARY ORGANS.

UNDER THE CHARGE OF GRANVILLE MAC GOWAN, PROFESSOR OF SKIN AND GENITO-URINARY DISEASES, MED. DEPT. UNIV. SO. CAL.

OBSERVATIONS UPON STONE IN THE BLADDER; RECURRENCE OF STONE; CHOICE OF OPERATION.—(*Boston Surgical and Medical Journal.*)—A. T. Cabot, A.M., M.D., Surgeon of the Massachusetts General Hospital.

The cases which I have used in this study of the recurrence of stones in the bladder comprise all of those of which I have notes. I find in these notes that I have done one hundred and thirty-five operations upon one hundred and nineteen patients. These operations divide themselves into one hundred and fifteen litholapaxies with four deaths. Thirteen supra-pubic lithotomies with four deaths. Three lateral lithotomies with no deaths. Two median lithotomies with one death. Two vaginal lithotomies with no death.

This list only includes cases of formal operation under anesthesia and takes no note of the many instances in which a crushing and pumping operation has been done with or without cocaine for the removal of small recurrent stones or for retained fragments.

Among these patients are two instances in which a uric-acid stone has re-formed

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in consequence of the persistence of the diathesis that led to its original formation. On one of these patients I operated twice and upon the other three times.

There are nineteen instances in which a phosphatic stone has appeared some months or years after the removal of a primary stone. In two or three instances the primary stone was a uric-acid calculus; in all other cases it was phosphatic.

In six of these cases the previous operation had been done by some other operator.

This recurrence of the phosphatic stone may be due to the persistently alkaline condition of the urine. Several instances of this sort have come to my notice, the most striking of which was a case of multiple calculi in which within a fortnight of a thorough washing out, the bladder would again contain from fifty to a hundred little, separate, well-formed stones. This tendency was finally overcome by frequent pumping out of the calculia combined with medical treatment directed by making the urine acid.

While phosphatic stones may occasionally depend in this way simply on the condition of the urine, it is much more common to see them as the result of some local condition. In two or three cases the recurrence may perhaps be regarded as the result of an incomplete operation, leaving a fragment to serve as a nucleus for a new stone. This accident has usually been avoided by care in washing out the bladder with the evacuator, ten days or a fortnight after the litholapaxy. In some such cases several washings have been necessary before the bladder was found to be entirely free from calcareous matter.

In one case of a woman, the projection into the bladder of two stitches put in by two other surgeons for the closure of the opening made in doing a vaginal lithotomy led to the repeated recurrence of calculi until the stitches were found and removed.

In two cases sacculated stones which lay concealed in pockets in the vesical wall gave rise to repeated stone formation in the bladder cavity. The removal of the stones loose in the bladder was followed in each case by such a cessation of symptoms that the presence of the encapsulated calculus was not suspected, but it was finally found by a cystotomy done for the purpose of discovering the condition to which the recurrence of the stone was due.

Finally, certain local conditions of the bladder wall favor the formation of stone and lead to constant recurrences until they are removed.

It is notorious that tumors and granulating surfaces within the bladder are prone to be encrusted with salts. The crystallography of stone formation is interesting in connection with these cases of calcareous deposit on granulating surfaces.

The crystals that exist in the urine do not tend to cohere and form a stone except in the presence of albuminous material. Rainey showed many years ago that the presence of colloid or albuminoid substances in a solution causes crystalline materials to become spheroidal in shape and to coalesce in rounded form. This is the law of molecular coalescence which has a very decided bearing upon stone formation in the bladder.

As long as the urine is non-albuminous, crystals of uric-acid or oxalate of lime may form in the urinary passages, be washed along and discharged with the urine without forming a stone. But when albumen is present, either in the pus thrown out in consequence of some irritation or in the serum exuding from a granulating surface, we have conditions favorable to "Molecular Coalesence."

The following case is an interesting illustration of this method of stone recurrence: M. V. B. M., fifty-six years of age, came to see me in the autumn of 1894, with considerable irritation of the bladder, for which he was using the

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catheter by a physician's advise. At this time the symptoms did not strongly suggest a stone and the searcher could not be introduced on account of the extreme sensitiveness of the neck of the bladder. Palliatives were advised with resort to an ether examination if the symptoms persisted. He was seen again nine months later and the symptoms were then so suggestive of stone that he was etherized and a soft stone was crushed and pumped out. This calculus was so small that it seemed as if it must be of recent origin.

The operation was an easy one and during convalescence it was found that the bladder emptied itself almost completely at each urination. Six weeks after this operation the bladder was pumped out thoroughly without ether and a small amount of calcareous matter removed.

Five months later he again had symptoms of stone and another phosphatic stone was removed by litholapaxy. This operation was done at the Massachusetts General Hospital, and he was kept in the hospital for more than three weeks, during which time his bladder was carefully pumped out several times and entirely cleared of calcareous matter. He went out with the urine clear and acid. Soon after, however, it became evident that the stone was forming again. The constant reappearance of the phosphatic stones in the bladder, which completely emptied itself, and in a urine which was never excessively alkaline, seemed to indicate that there was some special cause for the deposit of calcareous matter. The patient now decided to submit to a supra-pubic cystotomy for the purpose of discovering and, if possible, relieving the condition that so favored the recurrence of the stone formation.

The bladder was accordingly opened. Its wall was found in a tolerably healthy condition and the prostate was not markedly enlarged and the prostatic pouch was not deep. Posterior to the prostate and midway between the ureteric orifices was a little prominent tumor with a roughened surface somewhat encrusted with lime salts. This was seized with a pair of cutting forceps and easily removed. Examination of this tumor by Dr. W. F. Whitney showed it to be a little myoma with an ulceration granulating surface.

Since that operation, done two years ago, there has been no return of stone symptoms, and the patient has now gone to Arctic regions in command of a whaling ship.

This case was a striking one because the stone formed in the acid urine and in a bladder that emptied itself at each urination. These facts forced us quickly to the belief that some local condition was responsible.

In many cases of enlarged prostate we have a similar condition of ulceration on projecting outgrowths. I find among my cases five in which such a condition was demonstrated either by operation or autopsy. Doubtless other cases of recurrence were due to a like cause but were finally overcome by keeping the urine acid and by irrigation with solutions of nitrate of silver and nitric acid to favor healing to the ulceration patches.

It has frequently been urged by advocates of cutting operations that recurrence of the stone is especially prone to occur after litholapaxy owing to incompleteness of the operation. My experience does not coincide with this view; for the cases of recurrence after litholapaxy have, with one or two exceptions, been shown to be due to a general diathesis or to the local condition described above. The supra-pubic operation, too, is far from being exempt from the opprobrium of failure to prevent recurrence of calculous formation. I have seen three instances of stone recurrence after supra-pubic removal. One patient had an experience which was interesting in this connection. He had a stone removed supra-publically in 1892. He had a second stone removed by supra-pubic incision in 1895. In

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1896 he had a stone removed by litholapaxy and after that he had small stones removed by Chismore's evacuating lithotrite without anesthesia about once in three months. He finally consented to have the bladder opened a third time for the removal of the third lobe, which was believed to be ulcerated. The condition suspected was found and removed. This case has been reported at length elsewhere and only so much of it is repeated as has a bearing upon the question of stone formation.

The conclusion that I would draw from the study of these cases of recurrence is that the constant reappearance of a phosphatic stone in the bladder usually indicates the existence of some local cause which should be sought and removed.

The supra-pubic route affords the best opportunity for inspection and for the operative treatment of any condition found. When that condition is an ulcerating projection from the prostate it should be thoroughly removed and the lower edge of the urethral opening should be cut down as to bring it well to the floor of the bladder.

THE X-RAY "BURN."—Dr. Charles Lester Leonard of Philadelphia (*N. Y. Med. Journal*, July 2nd., 1898) presents this subject in a short and searching article. Several cases are reported to clearly support the following deductions:

The X-ray "burn" is not therefore the result of the action of the X-ray, nor can it be produced by the X-ray; but the dermatitis produced is the result of the static currents or changes induced in the tissues by the high-potential induction field surrounding the X-ray tube.

The therapeutic properties attributed to the X-ray do not belong to it, but are due to the static charges and currents induced in the tissues, which have long been known to be capable of producing similar results.

The X-ray, per se, is incapable of injuring the tissues of the patient, and the dermatitis, which has been called an X-ray "burn," is the result of an interference with the nutrition of the part of the induced static charges.

The patient may be absolutely protected from the harmful effect of this static charge by the interposition between the tube and the patient of a grounded sheet of conducting material that is readily penetrable by the X-ray—a thin sheet of aluminum, or gold leaf spread upon cardbord, making an effectual shield.

HIGH SPECIFIC GRAVITY OF THE URINE.—Hoge, in the *Virginia Medical Semi-Monthly* of May, 1898, describes the case of a woman 21 years old who complained of bladder irritation and scalding urine. The total quantity of the 24 hours was but a half-pint. Color brown, reaction acid, no albumen, no sugar, amount of urea, phosphates, sulphates, etc., normal. The sp. gr was too high to be measured requiring dilution after reduction by adding an equal quantity of water and multiplying the resulting sp. gr by two, the result was the astonishing one of 1.120. The chlorides were found to be nearly 4 per cent. by weight of the total urine. The woman lived chiefly on salt pork, ham and mackerel, ate great quantities of salt and drank principally tea and coffee.

TEST FOR IODINE IN BULLOUS SKIN EMPTIONS CAUSED BY POTASSIUM IODIDE—In *Medicine*, 1898, page 473, Ohmann-Dumesnil recommends the puncturing of a bleb or vesicle suspected to be a drug-eruption caused by K I. and the placing a drop of its liquid contents upon dry starch when the characteristic blue reaction is said to take place. This we believe an original application of the common chemical test.

THE ACNE OF YOUNG GIRLS AND ITS TREATMENT.—Brocq (*Revue de Therap*, May 15, 1898) says that most girls that are troubled with acne of the

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face are continually rubbing or scratching it, not so much on account of any feeling or itching as because of an irrisistable impulse to do so which may well be compared to a mania. Hence the importance of requiring them to wash their fingers and brush their nails many times daily with soap and boric-acid solution.

A DETAIL IN ABDOMINAL INCISION.—Dr. Henry Scherk (*International Journal of Surgery*) says that in performing laparotomy he has noticed that the abdominal incision having been made, the constant introduction and manipulation of the fingers through the abdominal incision causes the peritoneum to become separated, to a greater or less extent, from the muscular tissue. Appreciating the possibility of several complications arising from this condition of affairs, the idea suggested itself to him to introduce a stout ligature through the centre on either side of the incision, about half an inch from the margin of the wound, this ligature being first tied snugly, and a loop of from four to six inches being allowed to remain beyond the first knot. Two results are accomplished by this procedure: First, the prevention of the separation of the peritoneum from the tissues overlying; and, secondly, the provision of two retractors which take up no room and cause less traumatism than the ordinary metal retractors. When the operation is completed the ligatures are clipped and removed, and the wound brought together according to the method adopted by the surgeon.

STRETCHING THE BLADDER BY HYDRAULIC PRESSURE FOR THE TREATMENT OF CONTRACTURE OF THE BLADDER FOR WHATEVER CAUSE.—H. H. Young, in Johns Hopkins Hospital *Bulletin* for May '98, revives this dangerous and generally senseless procedure. The most frequent cause of contracture of the bladder is tuberculosis. The stretching of the muscular fibres of a recently tubercular bladder means always wretched suffering and the stretching of an old infiltrated and contracted tubercular bladder, has resulted in rupture and death. There are but two kind of cases to which this treatment is suited and they are of rare occurrence. One is the contraction following extensive repair of vesico-vaginal fistula. The other is the mysterious but very pronounced atonic contraction of hysteria. Even these should not be treated by the uncontrolled pressure of a fountain syringe but rather by the gradual pressure of an easily controlled hand syringe of the Janet or Colin patterns.

TREATMENT OF SKIN CANCER BY PASTES.—Gotheil, (*International Journal of Surgery*, 1898,) writes upon the treatment of cancer of the skin by pastes, and gives the new treatment of Cerney and Trunecek, Hungarian physicians, by the application of a mixture of arsenious acid in water and alcohol to the tumor daily until it is destroyed. The formula is as follows:

Acid, arseniosi; 1.
Spts. vini. rect. } aa. 75.
aq. dest. }

After a preliminary curetting, or at least a thorough cleansing of the surface of the ulcer, the arsenical mixture, well shaken, is spread over it with a brush. It is allowed to dry on and the part is left without any dressing. Next day the ulcer is found covered with a scab. Every day a new layer of the application is painted on, and the crust, gradually thickening, slowly changes in color from yellow, through brown, to black. The strength of the solution should be gradually increased during the later applications, until the proportion of arsenic in the mixture is 1-100 or even 1-80. The scab, composed of necrotic cancerous tissues, gradually becomes detached by suppuration, and can finally be readily removed. The arsenical mixture is again applied and the result watched. If a thin, easily detachable, yellow pellicle only is formed, it is claimed that the cancerous mat-

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ter is all destroyed and the ulcer will heal up. If, however, a dark-colored, tough, and firmly adherent crust appears; the reverse is the case, and the entire course of treatment must be repeated. Treatment lasts from four weeks to three months. Objections to the method are the length of time required and the fact that daily applications are necessary. Advantages are its comparative painlessness, the possibility of healing large areas of cancerous tissue at once and more especially its application to carinomata of the skin involving the mucosæ, or situated upon the mucous membrane themselves. Its authors claim poisoning never results from its use even when employed in the mouth. Dr. Vischer of Los Angeles formely of Holland states to the reviewer that he has seen the photographs of a series of cases treated by this method the apparent results being curative.

OBSTETRICS AND GYNEOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

NORMAL SALT SOLUTION—THE VARIOUS METHODS AND INDICATIONS FOR ITS EMPLOYMENT.—Dr. P. Findley concludes an article on the above subject with the following summary (*Med. Standard*):

1. When normal salt solution is indicated, enteroclysis is the method of choice, providing there is time to await its effect.

2. The body temperature, vascular tension, renal, cutaneous, and intestinal secretions are influenced in direct ratio to the temperature of the injected fluid.

3. Injected solutions of high temperature, however, may lower the body-heat by promoting the excretions.

4. A solution of 60° to 70° F., given within the colon will first stimulate and later depress the blood tension and the secretions of the skin and kidneys. It is, therefore, to be used with caution, particularly in renal insufficiency.

5. In the subcutaneous method we have all that is required, when immediate effect is desired, except when abdominal section may indicate intraperitoneal injection where the withdrawal of a quantity of blood has made it possible to give intravenous injection with the least possible loss of time, and where the serous cavities have been relieved by a quantity of fluid which may be replaced by a normal salt solution.

6. As a rule, no time is gained by the employment of the intravenous method, which should only be used when preceded by venesection for the withdrawal of a quantity of blood.

7. In intravenous injections it is possible to cause death from too great dilution of the blood—an accident quite impossible in hypodermoclysis or enteroclysis.

8. Normal salt solution is indispensible in the treatment of alarming hemorrhage and is of great value in the treatment of the various toxemias, and in renal insufficiency.

9. After the removal of a large quantity of fluid from the pleural cavity, the salt solution may be injected into the cavity as a substitute for the effusion and will thereby lessen shock and relieve septic infections.

10. In cholera and cholera infantum, normal salt solution is invaluable as a substitute for the lost serum.

11. Venesection with the withdrawal of a quantity of toxic blood is indicated

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in toxemias, where the patient is plethoric, and should be followed by intravenous injections of an equal or greater amount of normal salt-solution.

12. In hemorrhage normal salt-solution maintains the circulation by adding to the volume of the circulating fluid, which would otherwise stagnate in the veins, because there is not sufficient volume for the heart to propel.

13. In toxemias normal salt-solution dilutes the toxins of the blood and favors their elimination by stimulating the excretory organs.

PREGNANCY FOLLOWING VENTROFIXATION.—A Lapthorn Smith, M.D., in an able article on this subject in the July number of the *American Journal of Obstetrics and Diseases of Women and Children*, brings out the following interesting facts:

"1. As far as curing retrodisplacement, either retroflexion or retroversion or anteflexion with retroversion, is concerned, ventrofixation with two buried silk stitches through the peritoneum and fascia gives the most reliable results. Failures are unknown when the operation is performed in this way.

"2. Ventrofixation should be reserved for cases in which abdominal section is necessary for other reasons, such as the detaching of adhesions and the removal of the diseased tubes which cause the adhesions. When it is expected that pregnancy may follow, some other operation should be chosen; because,—

"3. When the uterus is firmly attached to the abdominal wall and pregnancy follows, trouble of some kind, either pain, miscarriage, or difficult labor requiring obstetrical operations, takes place in about thirty per cent. of the cases; that is, 36 in 148. According to my investigation, the other seventy-five per cent. went on to normal labor, without other inconvenience than a dragging pain in about half of them.

"4. When suspensio uteri was performed,—that is, the uterus attached to the peritoneum of the abdominal wall,—a few relapses occurred; but to counterbalance this objection, the patients were free from pain during pregnancy, and the labors were less tedious, neither did they require resort to serious obstetrical operations. The uterus should therefore be suspended rather than fixed to the abdominal wall in all cases in which any part of the ovary is allowed to remain.

"5. A third method, it is claimed by some,—namely, the intra-abdominal shortening of the round ligaments,—is preferable to either ventrofixation or suspensio uteri. This may be done either by drawing a loop of the round ligament into the loop which ties off the ovary and tube, or in cases in which the latter are not removed, simply by detaching them from adhesions and shortening the round ligament by drawing up a loop of it and stitching it to itself for a space of about two inches. By this means the round ligament develops as pregnancy advances, and the dragging and pain and other more serious accidents which are present in 30 per cent. of the cases of ventrofixation are certainly avoided.

"6. If the uterus is attached to the abdominal wall, the stitches should be kept on the anterior surface, but near the top of the fundus. The complications were more frequent when there was too much anteversion than when the anterior surface of the fundus was attached to the abdominal wall.

"7. As large a surface as possible should be made to adhere, by scarifying both the anterior surface of the fundus and the corresponding surface of the abdominal peritoneum, in which case one buried silk suture will be sufficient to keep the uterus in good position.

"8. Several of my correspondents mentioned incidentally that they knew of many cases of pregnancy after Alexander's operation, and that in no case was the pregnancy or labor unfavorably influenced by it. Alexander's operation

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should therefore be preferred whenever the uterus and appendages are free from adhesions.

"9. The results of Alexander's operation are so good that even when there are adhesions it may be well to adopt the procedure of freeing the adhesions by a very small median incision a nd then shortening the round ligaments by Alexander's method, after which the abdomen should be closed. This can be done without adding more than one-half of one per cent. to the mortality, which in Alexander's operation is *nil*."

TWO CASES OF HERNIA OF THE OVARY—a very rare condition—are reported in *Maryland Medical Journal*, July 2, by Dr. B. Bernard Browne, Professor of Gynecology in the Woman's Medical College of Baltimore. In 1871 Englisch, of Vienna, published some important observations upon the subject of hernia of the ovary. Of the thirty-eight cases which he had collected up to that time, twenty-seven were inguinal, nine were femoral, one was sciatic and one obturator. In one-third of the cases of inguinal ovarian hernia the displacement was on both sides, in seventeen it was congenital, in these it was inguinal, and all the cases of double hernia were inguinal. From these facts Englisch concluded that congenital hernia of the ovary arises from an abnormal descent of the ovary analogous to the normal descent of the testes in the male. Those cases of ovarian hernia that come on at a later period of life must be accounted for by some such conditions as excessive length of the ovarian ligament, bending forward of the uterus, too great an inclination forward of the pelvis or the drawing down of the ovary along with the hernial sac. In congenital hernia the ovary and tube are generally present, while the acquired generally contains the ovary alone. The uterine end of the tube has been found obliterated in most cases that have been examined. In fifteen cases the ovary was normal, in seventeen inflamed, in five cystic degeneration had taken place, and one had become cancerous. In five cases the hernial sac contained intestine. Of fifteen congenital cases, thirteen were irreducible. Of fifteen acquired cases, twelve were reducible.

THE TREATMENT OF INOPERABLE UTERINE CANCER.—Bernhart (*Centralblatt fur Gynakologie; Progress Medical*, September 17) recommends the injection once in four days of thirty minims ot the following solution:

℞ Salicylic acid..... 6 parts;
Alcohol at 90°..... 1,000 "
M.

There is at first some exacerbation, then disappearance of the pains and retraction of the tumor.

EYE, EAR, NOSE AND THROAT.

UNDER THE CHARGE OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

PNEUMATIC MASSAGE OF THE DRUM MEMBRANE—(*Winslow Medical Record*, July, 1898)—He advises the use of a piece of glass tubing fitted to the patient's ear and connected to a medicine dropper by means of a rubber tube, which is operated by the patient's fingers.

ADENOID DISEASE AND CONDITIONS SIMULATING IT.—(*Farlow and Borlen M. and S. J.*, April, 1898.)—Adenoid disease often exists, causing symptoms demanding operation although mouth breathing or apparent nasal obstruction are not present. Mouth breathing may be caused by many other conditions than adenoid disease. Small tonsils with diseased crypts prone to inflammation demand attention as well as hypertrophied glands. The specific snuffels of young children may simulate adenoid disease.

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DISEASES OF THE EYE DEPENDENT UPON DISEASES OF THE NOSE.—(*Chambers Medical Record*, April, 1898.)—In the first case reported the removal of an exostosis of the septum relieving a pain for which the muscles of the eye had been cut several times. In the second case the development of chronic glaucoma was arrested by septal operation, and in the third choroidites was aborted by the removal of a necrosed bone from the nostril. In the fourth case irritation of the eye was relieved by the removal of a nasal polyp.

A NEW SYMPTOM IN PERIPHERAL FACIAL PARALYSIS.—(*A. M. S. Journal*, February, 1898.)—When a patient with this type of facial paralysis closes the eyes the lid on the unaffected side closes energetically, while that on the diseased side but slightly, showing that the globe of the eye is at the same time raised slightly and somewhat to the outer side. In other words the patient can not shut the eye on the diseased side without raising the globe at the same time in an upward direction. This symptom, it is claimed, is absent in facial paralysis of central origin.

NEURALGIA OF MASTOID SURGERY.—(In *Sutter L. and C.*, April, 1898.)—Inveterate neuralgic pain in the mastoid region is frequently associated with, and dependent upon distinct pathological processes, or their remote sequevas in the pneumatic cells and mastoid antrum. In the case reported there was the most exquisite sensitiveness without redness or swelling over the entire mastoid region and the case resisted all treatment except large doses of morphine. A free opening into the attic over the entire mastoid region was made. The cells were broken down. A large cavity was made. The relief was complete.

POWDER STAINS, TO REMOVE.—(*Heustis O. R.*, October, 1898.)—Anesthetize the patient, then with a stiff nail brush, and using soap and water rendered antiseptic by carbolic acid or any other good one, scrub the part thoroughly. Do not hesitate to draw blood, and do not cease until the grains of powder have been entirely removed. Should it become necessary to remove the entire cuticle do not hesitate to do so, as it will reform in a few days. When powder is in too deep to brush out, a smooth elliptical peice with stain is cut out, a light suture is inserted. It is only necessary to cover the surface denuded with lint soaked in carbolized oil. All irritation and trouble passes away in a few days.

THYROID GLAND IN HEMOPHILIA.—Delace reports in the *Journal de Medicin de Paris* of January 23, 1898, the case of a woman suffering from this disorder who was anemic, the extremities covered with purpura, bleeding gums, and excessive menstruation. Ergotin and hemostatics failed. When thyroid capsules were tried the hemorrhages disappeared, color returned, and the purpura cleared up.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held October 4th, 1898, the following certificates were granted:

BOWERS, MARY BIRD, 5011, San Francisco, Coll. Phys. and Surg , San Francisco, Cal., July 14, 1898.
BROOKE, JOHN MCCARTY, 5012, Portland, Or., Coll. Phys. and Surg. N. Y., June 10, 1891.
COX, J. EDWARD, 5013, Clairmount, W. Va., Med. Coll. Virginia, April 2, 1895.
FLY, EDWARD M., 5014, National City, Jefferson Med. Coll., Pa., May 9, 1894.
JANUARY, IRIA W., 5015, Weaverville, St. Louis Coll. Phys. and Surg. Mo., Mar. 10, 1891.
JOHNSTON, HERBERT A., 5016, Anaheim, Coll. Med. Univ. Southern Cal., June 2, 1898.
JOHNSON, SILAS F. 5017, Los Angeles, Coll. Med. Univ. Southern Cal., June 1, 1894.
KING, NAT, 5018, El Paso, Texas, Louisville, Med. Coll., Ky., Mar. 2. 1893.
LEVISON, HUGO A., 5019, San Fraancisco, Coll. Phys. and Surg., N. Y., June 10, 1896.
PRICE, THOS. L., 5020, San Francisco, Medico-Chirurg. Coll., Pa., May 12, 1897.
SHIELS, JOHN W., 5021, San Francisco, Royal Coll. Phys. and Royal Coll. Surg. Edingurgh, Jan. 28 1895. Fac. Phys. and Surg. Glasgow, Scotland, Jan. 28, 1895.
SILVERMAN, JOSEPH A., 5022, San Francisco, Med. Coll. of Ohio, April 5, 1894.
STUMP, JOHN L. 5023, San Francisco, Med. Coll. of Virginia, Mar. 30, 1888.
TAYLOR, THOS. F., JR., 5024, Davisville, Bellevue Hosp. Med. Coll., N. Y., Mar. 1, 1880.
THIBODO, FRANCIS H., 5025, Green Bay, Wis. Union Queens Coll., Ont., Canada, Sept. 30, 1895.
WALLER, GEORGE P., 5026, Bloomsburg, Pa., Jefferson Med. Coll. Pa., Mar. 10, 1877.
WARBINTON, JOSEPH W., 5027, Pueblo, Colo., Beaumont Hosp. Med. Coll., Mo., Mar. 31, 1892.

CHAS. C. WADSWORTH, M.D., Secretary, 1104 Van Ness Ave.

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SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

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Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

EDITORIAL.

THE MEDICAL FEATURES OF THE PROPOSED NEW CHARTER FOR THE CITY OF LOS ANGELES.

The diversified interests of a large municipality render the construction of an acceptable charter no easy task.

The mode of naming the Commitee of Freeholders having the responsibility of its formulation would seem likely to result in a wise selection. Yet it is no matter of surprise that a majority or even two thirds of fifteen intelligent disinterested citizens may not enact governmental provisions certainly acceptable to two thirds or even to a bare majority of 100,000 fellow citizens.

Once legally adopted, a charter, however defective, is difficult of amendment. Hence, however commendable in most of its aspects, a few pronounced defects may result in its defeat on primary submission.

The fate of the charter last voted upon emphasizes this possibility.

We have examined with some care the entire document soon to be submitted to the public ballot, and while impressed with its imperfections, recognize evidences of a desire to put the administration of affairs on a practical business basis, and to a good degree non-partisan.

It is to be regretted that this may not be said without qualification of the article on the Department of Public Health.

The personel of what are designated the departments, with a single exception, is left to the control of the mayor.

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For the management of the public library he is required to choose a board of five directors from the citizens at large "without regard to sex or political opinions, but with reference to their fitness for said office."

Of the police commissioners it is required. "The board shall never be so constituted as to consist of more than three members of the same political party." Exactly the same provision holds with reference to the fire commissioners.

Singularly enough no political restriction whatever holds in the appointment of the board of health. Of the 25 members of the 5 organized departments, the single exception referred to, as not appointed by the mayor, appears in the board of health in the person of the chief of police, an officer appointed by the police commissioners, thus giving that board 20 per cent control of the health department in addition to its own. The qualifications requisite for a first class chief of police are not even remotely related to those essential to an efficient health commissioner.

The four other members of the board must be physicians, but even especial fitness is not demanded.

For the best service the health department should undoubtedly be free from partisan control. Just why so signal an omission should have been made is difficult to comprehend. The non-partisan police commissioners appoint a chief of police for four years, and he with four possible partisan medical members of the board of health appoint a health officer "and shall have the power of removing said officer." Ability, responsibility and incessant work, demanding that he "devote his entire time to the duties of his office," shall be compensated with 2,400 dollars per annum, provided he may be able to hold on.

To require a physician competent to serve as health officer to abandon a practice paying even less, for a salary incommensurate with the responsibilities imposed, together with an insecure tenure of office, would appear to the ordinary intelligence an impossible exaction. The only hope for permanency under the provisions of the proposed charter must lie in partisanship. The patronage directly and indirectly connected with the health department has always made it an object of interest to political contractors, or contracting politicians. While the department has been kept free from scandal, it should have been exempted from the possibility of suspicion, or even of temptation.

Quite properly the charter proposes to relieve the overburdened, underpaid health officer from the harassing duties of city physician, Sec. 274 provides "the board of health shall appoint a city physician who shall act as police surgeon." This increases largely the duties of the latter office while not enhancing its dignity and altogether eliminating

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it from politics, for it comes under civil service rules. Once having received the appointment the incumbent may remain during life or good behavior. The salary is not named, nor is any statement made with reference the surrender of private practice. Like conditions hold in the case of a new and much to be desired officer to be appointed by the health board, designated in Sec. 287, as "an experienced chemist and bacteriologist." This officer must be "a suitable and proper person" which one would suppose must be so of necessity, civil service requirements having been enforced.

No salary is named for this office. Experienced chemists and bacteriologists as a rule are not in search of positions and are usually able to formulate their own fee bills. The mayor is not required to place on the civil service board either physician, chemist or bacteriologist. Desiring to do so he might experience some difficulty in securing competent gratuitous service in such essentially technical lines. The article entitled Department of Public Health, is decidedly unequal in its make up. Its commendable features are certainly offset by the uncommendable. Unfortunately it is too late now to suggest, and we regret our remissness, but it would have been well for the Los Angeles Medical Association as a nonpartisan body of sanitarians to have discussed in advance the needs of a metropolitan health department, and having formulated them, by representative committee to ask to be heard by the free-holders in section, or in whole.

A PROGRESIVE COLLEGE.

The fourteenth year of the Medical College opened very auspiciously, Wednesday evening, Oct. 19th. at the same place and hour the second year of the dental college was inaugurated. The amphitheater of the medical college was filled with students and their friends. Short speeches were made by Drs. Brainerd and Bullard on behalf of the medical faculty, and Drs. Palmer and Parker for the dental corps. Over fifty new students have already matriculated, about twenty five in each department. The new microsopcal laboratory, the gift of Dr. W. A. Hendryx will be completed and ready for occupation by Jan. 1st. Dr. Stanley P. Black will have full charge of the laboratory which will be devoted to microsopical and pathological work exclusively. It is gratifying both to the graduates and to the faculty to notice the greatly improved facilities which the medical college is offering to its students. Before the year is gone this school will be well equipped for the ever increasing laboratory work. Combining unusual clinical advantages with thorough fundamental training the Los Angeles school is rapidly progressing, and when there is added the best desire for the present medical studies, the outlook is encouraging. It has

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had a high standard from the first. Starting out a three year course, it is now a full fledged four year institution. From the beginning it has been co-educational, and the year has proven to be eminently successful. The prejudice against women as students has never been known in this institution.

EDITORIAL NOTES.

DR. D. L. BECKINGSALE has located in Ontario.

DR. H. M. POMEROY has returned to Los Angeles.

DR. E. D. JOHNSON died at Buena Park, on Oct. 4th. Dr. Johnson had been in California five years.

DR. JAS. L. ORD, one of the pioneer surgeons of the coast, formerly of Santa Barbara, died in Hagerstown, Md., Oct. 3rd. of diabetes.

DR. O. D. FITZ GERALD, of Los Angeles, formerly President of the Los Angeles County Medical Association, is candidate for Coroner. Dr. Fitz Gerald has been a resident of this city since 1888, and ever since his arrival has identified himself with the interests of the medical profession, so much so that within six years he was chosen president of the medical society. If elected the profession will be well represented, for every one who is acquainted with the doctor, knows he will make a thoroughly reliable and conscientious officer.

DR. FRANK HEITZIG, a physician who lived in Pomona four years ago, died at his home in St. Louis on August 27th., from tubercular pneumonia. The doctor came to Pomona for his health about four years ago, naturally making this his destination, because it is the home of his old associate, Dr. Smith. He lived here nearly a year and then moved to Corona, where he practiced until last spring. In May Dr. Heitzig returned to St. Louis on a visit, and while there was stricken with the disease which ended his promising career. At the time of his death he was a member in good standing of the Pomona Valley Medical Society.

The quarterly meeting of the Riverside County Medical Society held in Riverside Oct. 8th, was an unique and instructive session. The entire time was devoted to the discussion of hygiene in the public schools. Each topic was discussed by a physician, and by some prominent educator. Papers were read on the location of school houses, ventilation, lighting, school desks and furniture, water closets and wash-rooms, gymnastics, play, also the hygiene of the eyes, of menstruating girls, of discipline, of the effect of a course of study, and the results of competitive work at school. The meeting of the professors of pedagogy and medicine to discuss matters of mutual interest is a most excellent idea and one worth imitating.

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DR. FRANCIS L. HAYNES died at his residence Oct. 18th. He was born in Pennsylvania in 1850 and graduated from the University of Pennsylvania at the age of 20 years, receiving the degree of Doctor of Medicine and Bachelor of Philosophy. He immediately, upon his graduation, became interne in the Philadelphia Episcopal Hospital, where he remained for 18 months, and with this institution he was afterwards connected as visiting physician.

At the age of 22 he began the general practice of medicine which he proceeded continuously and successfully in Philadelphia until May, 1887, when he removed to Los Angeles on account of ill health, hoping that the change to a milder climate might be beneficial. For several years he was Professor of Gynecology in the Medical College of the University of Southern California, and also was associate editor of the SOUTHERN CALIFORNIA PRACTITIONER. He was the first surgeon in Southern California to perform several of the most radical operations. For the past 18 months Dr. Haynes has been obliged to abandon his professional work, and for a long period before that he could only work intermittently. It was only by careful nursing and prolonged and frequent vacations that he was able to carry on his professional work as long as he did. For the past six months he has been failing rapidly, having had repeated attacks of angina pectoris. The cause of death was embolism of the brain. The entire profession gave him credit for thoroughness and ability as a surgeon, and he was the pioneer of gynecological surgery in Southern California.

BOOK REVIEWS.

ATLAS AND ABSTRACT OF THE DISEASE OF THE LARYNX. By Dr. L. Grunwald of Munich. Authorized translation from the German, edited by Charles P. Grayson, M. D. Lecturer on Laryngology and Rhinology in the University of Pennsylvania; Physician-in-charge of the Throat and Nose department, Hospital of the University of Pennsylvania. With 107 Colored Figures on 44 Plates. Philadelphia, W. B. Saunders, 925 Walnut Street, 1898. Price $2.50. Net.

This little atlas with its colored illustrations is one of the most satisfactory on the subject that has yet been brought to the notice of the reviewer. The combining of didactic and clinical features is most admirable and will give the beginner in laryngology a better idea of the subject than any other book that has yet been published. The illustrations are so well done that one can get almost as much good from them as from a clinic, unless the instructor at the clinic be a man of excellence in teaching and clever in diagnosis.

TREATMENT OF SKIN CANCERS. By W. S. Gottheil, M. D., Professor of Dermatology at the New York School of Clinical Medicine, Dermatologist to the Lebanon Hospital, the North-Western and West-Side German Dispensaries, etc. Published by the International Journal of Surgery Co., 100 William Street, New York. Price $1.00

The subject is treated in a practical manner, from the standpoint of the general practitioner as well as the specialists, and while every prominent modern method in the non-operative treatment of cutaneous cancer has received mention, the author elaborates especially upon the caustic method which experience has commended to him, and dwells upon the two essential points; recognition and treatment.

This book is printed upon heavy book paper, is substantially bound in cloth and profusely illustrated.

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PAMPHLETS RECEIVED.

THE TREATMENT OF SEPTIC INFECTIONS, ETC. BY EDWARD H. OCHSNER.

THE ADVANTAGE OF PHYSICAL EDUCATION AS A PREVENTION OF DISEASE. BY CHAS. DENISON.

TREATMENT OF CONGENTIAL DISLOCATION OF THE HIP BY OPERATIVE AND MANIPULATIVE METHODS. BY HARRY M. SHERMAN.

ERASION OF THE KNEE IN CHILDREN, WITH CONSERVATION OF THE EPIPHYSEAL CARTILAGES. BY HARRY M. SHERMAN.

TRAUMATIC DISLOCATION OF THE HIP IN CHILDREN, OLD AND RECENT. BY HARRY M. SHERMAN.

TREATMENT OF CONGENITAL DISLOCATION OF THE HIP. BY HARRY M. SHERMAN.

PRINCIPAL POISONOUS PLANTS OF THE UNITED STATES. BY V. K. CHESTNUT.

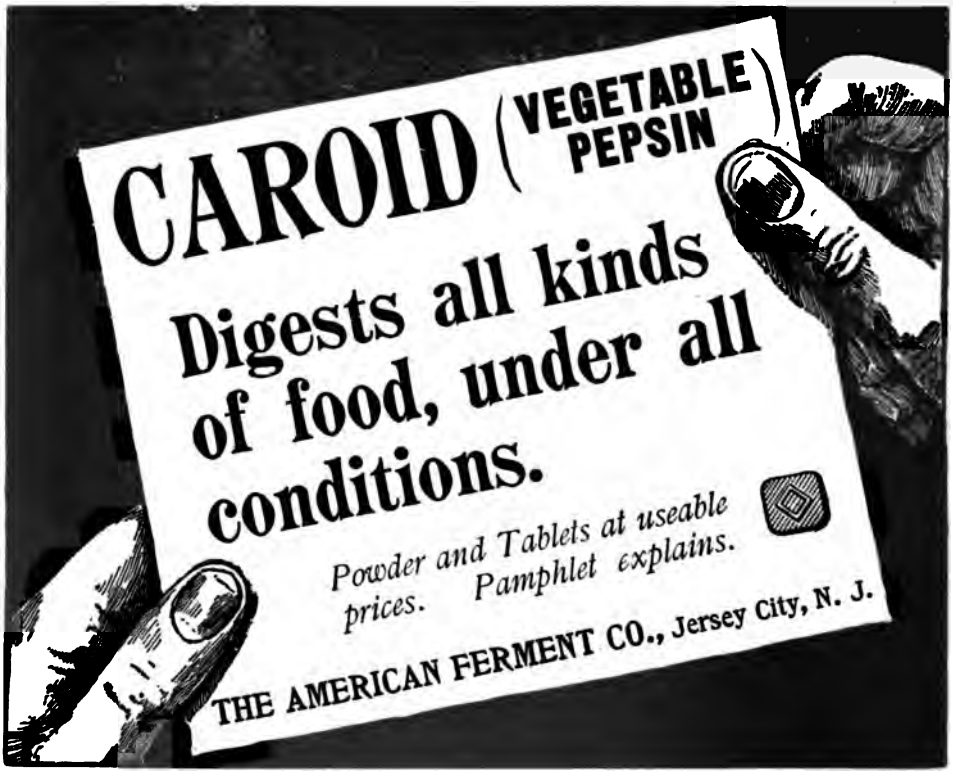
SOME PROBLEMS SOLVED. BY R. W. LOWE.

TREATMENT OF THE URIC ACID DIATHESES. BY F. E. HALE.

THE ASEPTIC ANIMAL SUTURE—ITS PLACE IN SURGERY. BY MARCY.

CLINICAL RESULTS OBTAINED BY THE USE OF MY INSTRUMENT FOR COLLECTING THE URINE SEPARATELY FROM THE TWO KIDNEYS. BY M. L. HARRIS.

THE OPTHALMIC RECORD. BY T. A. WOODRUFF.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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of September, 1898.*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	76	60	68	0
2	83	54	68	0
3	86	56	71	0
4	82	54	68	0
5	79	50	64	0
6	83	48	66	0
7	98	56	74	0
8	99	64	82	0
9	91	63	77	0
10	94	62	78	0
11	96	67	82	0
12	98	66	82	0
13	88	57	72	0
14	83	48	66	0
15	81	52	66	0
16	96	54	75	0
17	96	63	80	0
18	86	60	73	0
19	86	58	72	0
20	70	57	68	0
21	78	58	68	0
22	78	55	66	0
23	73	57	65	0
24	77	59	68	T
25	73	57	65	0
26	82	58	70	0
27	78	65	72	.01
28	78	59	68	0
29	77	60	68	0
30	70	62	66	.01
31	..	..	..	
Mean	84	58	71	

SUMMARY

MONTHLY RANGE OF BAROMETER:

Mean Atmospheric Pressure, 29.86.
Highest pressure, 29.98, date 21st.
Lowest pressure, 29.75, date 8th.
Mean Temperature, 71°.
Highest temperature 99°, date 8.
Lowest temperature 48°, date 14.
Greatest daily range of temperature 42°, date 16.
Least daily range of temperature 8°, date 30.

MEAN TEMPERATURE FOR THIS MONTH IN

1878		1885	71°	1892		68°
1879	69°	1886	68°	1893		66°
1880	66°	1887	69°	1894		69°
1881	70°	1888	74°	1895		69°
1882	70°	1889	73°	1896		68°
1883	74°	1890	71°	1897		70°
1884	67°	1891	73°	1898		71°

Mean temperature for this month for 21 years, 70°
Average excess of daily mean temp. during month 2°
Accumulated excess of daily mean temp. since Jan. 1, 323°
Average daily excess since January 1, 1°.
Prevailing direction of wind, West.
Total movement of wind, 2725 miles.
Maximum velocity of wind, direction, and date, 17m, W, the 16
Total Precipitation, 02
Number of days with .01 inch or more of precipitation, 2.
Mean Dew Point, 55 per cent.
Mean Relative Humidity, 68 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881	T	1887	.15	1893		T
1882	T	1888	T	1894		.73
1883	.00	1889	.00	1895		T
1884	T	1890	.06	1896		T
1885	T	1891	.06	1897		.00
1886	.00	1892	.00	1898		.02

Average precip'n for this month for 21 years, .08 inches
Total deficiency in precipitation during month, .06 inches.
Total precipitation from Sept. 1 1898, to date, .02 inches.
Average precipitation from Sept. 1 to date, ... inches.
Total deficiency from Sept. 1, 1898, to date, .06 inches.
Average precipitation for 7 wet seasons, 25.97 inches.
Number of clear days 19, partly cloudy days 10, cloudy days 1.
Dates of frost, none.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., SEPTEMBER, 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cld'y	WIND Direc-tion	Total Mov't
Los Angeles	71.	84.	58.	29.91	75.	1	...	19	10	1	W	2,725
San Diego	67.	77.	60.	29.92	82.	0	0	30	1	0	NW	.....
Santa Barbara	72.6	106.	44.	.....	73.	0	0	24	6	1	W	.....
Yuma	91 9	113.	73.	.....	.....	0	0	23	7	1	.....	.....
Riverside	....	...	...	.....	.....	0	0	..	0	.	....	.....
N. Ontario	73.4	102.	52.	.....	....		...	23	6	1	.....	.....
San Bernardino	72 6	106.	44.	.. ..	.....	0	0	23	7	0	W	.....
Pasadena	80.8	101.	63.	.....	.....	0	0	27	0	3	.....	.....
Redlands	76.8	109.	50.	.....	.	0	.01	27	2	1	W	.....
Santa Ana	73.6	98.	50.	....	.....	0	0	21	4	5	SW	..

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane, Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal,

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 *September, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born		Caucasian	African	Mongol
Deaths from all causes	113	13.16	64	39	31	14	44	24		105	6	2
Deaths under 5 years												
i. Specific infectious diseases	13	1.51	9	4	3	2	6	2		12	1	
ii. Diseases of the digestive system	17	1.88	11	6	11	1	3	2		16		
iii. Diseases of the respiratory system	24	27.9	14	10	8	3	8	5		24		
iv. Diseases of the nervous system	15	1.74	9	6	2	4	6	3		14	1	1
v. Diseases of the circulatory system, blood and ductless glands	11	1.31	9	2	1	2	5	3		7	3	1
vi. Diseases of the genito-urinary organs	4	.46	3	1			2	2		4		
vii. Constitutional diseases	9	1.05	5	4	4	1	4			9		
viii. Intoxication, violence, accidents	12	1.31	11	2	1	1	5	6		13		
ix. Miscellaneous diseases	7	.81	3	4	1		5	1		6	1	
i. Septicæmia	1			1			1			1		
Pyæmia												
Diphtheria	1		1		1					1		
Erysipelas												
Typhoid fever	6		4	2	1	3	1	1		6		
Malarial Fever												
Scarlet fever												
Measles												
Pertussis	1		1		1						1	
Cerebro-Spinal Meningitis	1			1				1		1		
Small Pox												
Tuberculosis	2		2			1	1			2		
Influenza												
Dysentery	1									1		
Syphilis												
Tetanus												
Carbuncle												
Anthrax												
ii. Diseases of the Œsophagus												
Gastritis	1		1		1					1		
Gastro-Enteritis	7		5	2	6	1	1			7		
Cholera infantum	3		2	1	2					3		
Peritonitis												
Entero-Colitis	5		3	2	2		2	1		4		1
Appendicitis												
Typhilitis												
Intestinal obstruction												
Diseases of the liver	1			1				1		1		
iii. Membranous Croup												
Bronchitis	3		2	1	3					3		
Pneumonitis	7		4	3	5	1		1		7		
Pleuritis												
Phthisis	14		8	6		2	8	4		14	2	2
iv. Diseases of the brain	13		8	5		4	6	3		13		
Diseases of the spinal cord												
Neuritis												
Eclampsia	2		1	2	2					1	1	
Epilepsy												
Neurasthenia												
v Diseases of the Heart	11		9	2	1	2	5	3		7	3	1
Degeneration of the Arteries												
Aneurism												
Anaemia				1								
Diseases of the Ductless Glands												
vi. Uraemia				1								
Acute Bright's Disease	2									2		
Chronic Bright's disease	2		1	1				2		2		
Nephritis												
Diseases of the Genito-Urinary Organs												
vii. Rheumatism												
Diabetes												
Inanition	4		2	2	4					4		
Senility and Asthenia	5		3	2		1	4	2		4		
viii. Alcoholism	1		1				1			5		
Suicides	8		7	1			3	5		1		
Violence and Accidents	4		3	1	1	1	1	1		8		
ix. Tumors—malignant	4		2	2			4			4		
Tumors—non-malignant	1			1	1						1	
Other diseases	2		1	1			1	1		2		

L. M. POWERS, M.D., Health Officer.

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OUR ADVERTISERS.

ACUTE INFLAMMATION OF THE PROSTATE GLAND.

The Journal of the American Medical Association, for August 20th., contains a report on inflammation of the prostate gland, which was presented to The Section on Surgery and Anatomy at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Colo., June 7-10, 1898, by Liston Homer Montgomery, M. D., of Chicago, Ills. His plan of treatment in acute inflammation of the prostate gland is to wash out the abscess cavity with hydrogen peroxid, give copious hot water enema and hot hip baths frequently, avoid morphine internally and advise care lest the patient strain at stool or during micturition. On the theory that toxins are retained in the circulation and within the gland, and to prevent degeneration in the gland substance, he administers triticum repens or fluid extract tritipalm freely, combined with gum arabic or flaxseed infusion. Along with these remedies the mineral waters, particularly vichy with citrate of potash, go well together. Hydrate of chloral or this salt combined with antikamnia are the very best anodyne remedies to control pain and spasms of the neck of the bladder. These pharmacologic or medicinal remedies are the most logical to use in his judgment, while externally, applications of an inunction of 10 or 20 per cent iodoform, lanoline, as well as of mercury, are also of value.

SANMETTO RELIEVES QUICKLY IN PROSTATIC TROUBLES.

To say that Sanmetto does all that could be reasonably expected of it, in all troubles of the genito-urinary organs, is not an adequate description of its therapeutic value. For it aids in any congestion more or less, and is therefore an invaluable remedy for all congestions, especially of the prostate gland, affording relief quickly.

Drake, Mo.

H. A. GROSS, M. D,
1858 – Med. Dep't Washington University,
(St. Louis Med. Col.) St. Louis, Mo.

TUBERCULOSIS OF THE LUNGS.

Dr. Landon B. Edwards, Professor of Practice of Medicine, University College of Medicine, Richmond, Va., reports in Vol. 53, No. 15, New York Medical Record, 35 cases of tuberculosis of the lungs treated by serum with 11 total recoveries, and by recovery he means, disappearance of bacilli, healthy respiratory action, chest expansion increased from one to two and a half inches, flesh increased to normal, and that the patients look well and according to physical signs and symptoms are well. He notes other patients improving and states that the record is greatly better than he ever obtained with any other treatment than serum; that he had used no other serum than Paquin's of St. Louis.

A PLEASANT METHOD OF TAKING MEDICINE.

Warner's G. E. Salts afford a pleasant, effective method of taking a remedy. They are extremely palatable, rapidly effervescent, and reliable in their action. W. R. Warner & Co., of Philadelphia, manufacture a complete line, including Sodium Phosphate, Bromo Soda, Aperient Saline, etc., etc. They are to be relied upon.

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We have on this coast a very valuable Drug in Rhamnus Purshiana, but unfortunately, it has been subject to so many modifications and improvements, that few physicians remember it as anything definite. As the chameleon changes its color so Cascara has changed its properties. Messrs. Worden & Co. have come to the rescue of this indigenous remedy and in their Cascaroma we find a preparation of Cascara Sagrada possessing the full medicinal properties of the bark and remarkably free from the unpleasant features of the Pharmacopea Preparation, viz.—the bitter taste.

UTERINE DERANGEMENTS.—I have used ALETRIS CORDIAL in my practice for over a year, and to say that I am pleased with it does not nearly express the degree of my satisfaction. ALETRIS CORDIAL fills a long-felt want with me. Symptoms attending uterine derangements have always been perplexing to physicians, but with this remedy the trouble vanishes as dew before the rising sun.—L. M. MCLENDON, M. D., Georgiana, Ala.

NEUROSINE vs. EPILEPSY.

"I have been using NEUROSINE in my practice for some time in all nervous disorders with the happiest effect. I regard it as the VERY BEST PREPARATION for that dreadful malady known as Epilepsy. Physicians can prescribe it with greatest confidence in all nervous troubles.

GEO. R. DUNCAN, M. D.,
Fall Branch, Tenn."

D. T. HUDGENS, M. D., Elizabeth, Ark., says: I have used S. H. KENNEDY'S EXTRACT OF PINUS CANADENSIS in leucorrhea with very good results. I have had under my treatment Mrs. S., age 33 years, for leucorrhea, with anteversion of the uterus. I used the WHITE EXTRACT per vagina as a local treatment for the leucorrhea, and the treatment was attended with success. I am satisfied that PINUS CANADENIS should occupy a prominent position in our materia medica.

BENT CREEK, Appomattox Co., Va., August 31st., 1898.

BATTLE & Co.—Gentlemen: Enclosed find 25 cents in stamps. Please send me sample bottle—12 ounce—of your "Ecthol" and oblige.

E. S. VAWTER, M. D.

P. S.—I am well acquainted with your preparations, Papine, Bromidia and Iodia. Use them in all cases for which they are specified. They are now standard remedies with the profession and give satisfaction whenever used. I would recommend them to all physicians not acquainted with their potency.

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SOUTHERN CALIFORNIA PRACTITIONER.

VOL. XIII. LOS ANGELES, NOVEMBER, 1898. NO. 11

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ORIGINAL.

MECHANICAL TREATMENT IN FORCIBLE STRAIGHTENING OF ANGULAR CURVATURE.

BY JUSTIN KAY TOLES, LOS ANGELES, CAL.

There is more to be feared in the treatment of Angular Curvature by forcible straightening from the lack of efficient apparatus than from any real danger to the cord or its segments. Those who have not given especial attention to this subject can hardly appreciate what at first thought would seem of secondary importance in the successful treatment of these cases by Calot's method.

The fact that the cases selected for forcible straightening refuse to yield to the methods ordinarily used in orthopedic practice, makes this operation necessary, and calls not only for an appliance best suited to hold the spine in corrected position, but for special apparatus designed to facilitate the operation by shortening the time, minimizing the danger, and rescuing it from the bungling and barbarous methods of the ancients, the practice of which has already brought the operation into considerable disrepute.

That there should be danger to the cord or its segments, when the proper mechanical measures are taken in anticipation, I cannot believe; and why there should not be uniformly good results, under proper precautions, and wise selection of cases, I cannot understand.

Under such extension as is necessary to allow of reduction of the deformity and the continued separation of the vertebræ, interference with free respiration may occur, since those muscles which have directly to do with respiration come in, necessarily, for the greatest amount of stretching. The lungs themselves, in fact, the whole thoracic visceræ, are so suddenly displaced and forced into new position as to completely throw the brain cells dominating these organs into momentary confusion, from which they must react before concerted impulse from brain to function are again resumed. What may happen, if anything, in the interim of

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this neuro-physiological change, must be left for future developments to determine.

That forcible straightening of spinal deformity is purely a mechanical operation, cannot be denied; but the methods employed in the majority of cases thus far reported are certainly not very creditable to the men who have performed the operations. Many of the failures in securing satisfactory results, as well as the deaths resulting from the operation, are not so much due to the unfortunate selection of cases, as to the inefficient means employed in the operation, and later treatment.

The object in the treatment of all joint diseases is to arrest its development by means of extension, fixation, and rest. The object in forcible straightening, where the disease is still apparent, is, or should be, the same. Where the disease has left the spine and the deformity is consolidated, forcible straightening has no longer any pathologic significance, and though the treatment is the same, it has only an esthetic value, and should be classed as surgical fracture, or forcible breaking and resetting of displaced vertebræ.

If the operation does not succeed in arresting the progress of the disease, then it is robbed of its chief value to humanity, since the correction of a deformity for the sake of appearances is secondary only in importance.

I believe, however, that any case of carious spine at all amenable to mechanical treatment, will recover more rapidly after forcible straightening than when left to heal with deformity.

Some three years ago I was impressed with the firm belief that forcible straightening of Pott's deformity could be accomplished without great, if any, danger to life or health, solely from observations made in the treatment of Pott's disease in its early stages of deformity. In my treatment of scoliosis and other non-pathologic deformities, forced horizontal extension is employed, and the muscles and other fibrous tissues manipulated while under this forced extension for purposes of greater elongation. Applying this principle in the treatment of Pott's disease, I found that not only was it not painful to the patient, but that the vertebræ, still comparatively free from osseous adhesions, could be forced into true position and held there, by fixing the extension, until the plaster of Paris corset could be applied. In such cases the spines have invariably healed without deformity.

The therapeutic value of absolute fixation of spinal traction, i. e., the complete separation of the diseased vertebræ and the fixation of this separation, is too little understood. Slight pressure on the diseased parts is sufficient to produce continued suppuration. Relief from this pressure by continued separation destroys more than any other agent the active properties of the disease.

It is, therefore, of the utmost importance in the forcible straightening of angular curvature to secure this extension and maintain it absolutely throughout the run of the disease. The after treatment of these cases should include a removable corset, daily manipulation of the trunk muscles and specially prescribed gymnastics, under the personal supervision of the operator.

Recognizing at the outset the necessity for an apparatus which would enable the operator to apply any degree of traction necessary, with an especial mechanism for holding or releasing the same at will, the table shown in the accompanying plates was designed by me to meet this expedient.

The table is 7 feet 2 inches long, 32 inches wide and 28 inches high. Is broad at the base; has five drop leaves—three at the foot and two at the head—and four draw leaves. Each draw leaf is held in place by two rotary key pins. When the leaves are removed, a trough 32 inches long is formed a little forward of the centre

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PLATE I.—*A*. pelvic band (half corset.) *B*, automatic adjustment apparatus, for perpendicular suspension. *1* and *1*[1], ropes running from head to arm stalls; distributes head and arm traction automatically. *2* and *2*[1], set screws for fixing ropes after traction is made. *3* and *3*[1], extension ropes run through compound pulleys below, and three single pulleys at each side fixed in ceiling. The two sets of ropes (forming independent V shaped guys) hold the bar in fixed position and admit of no turning or swaying of body.

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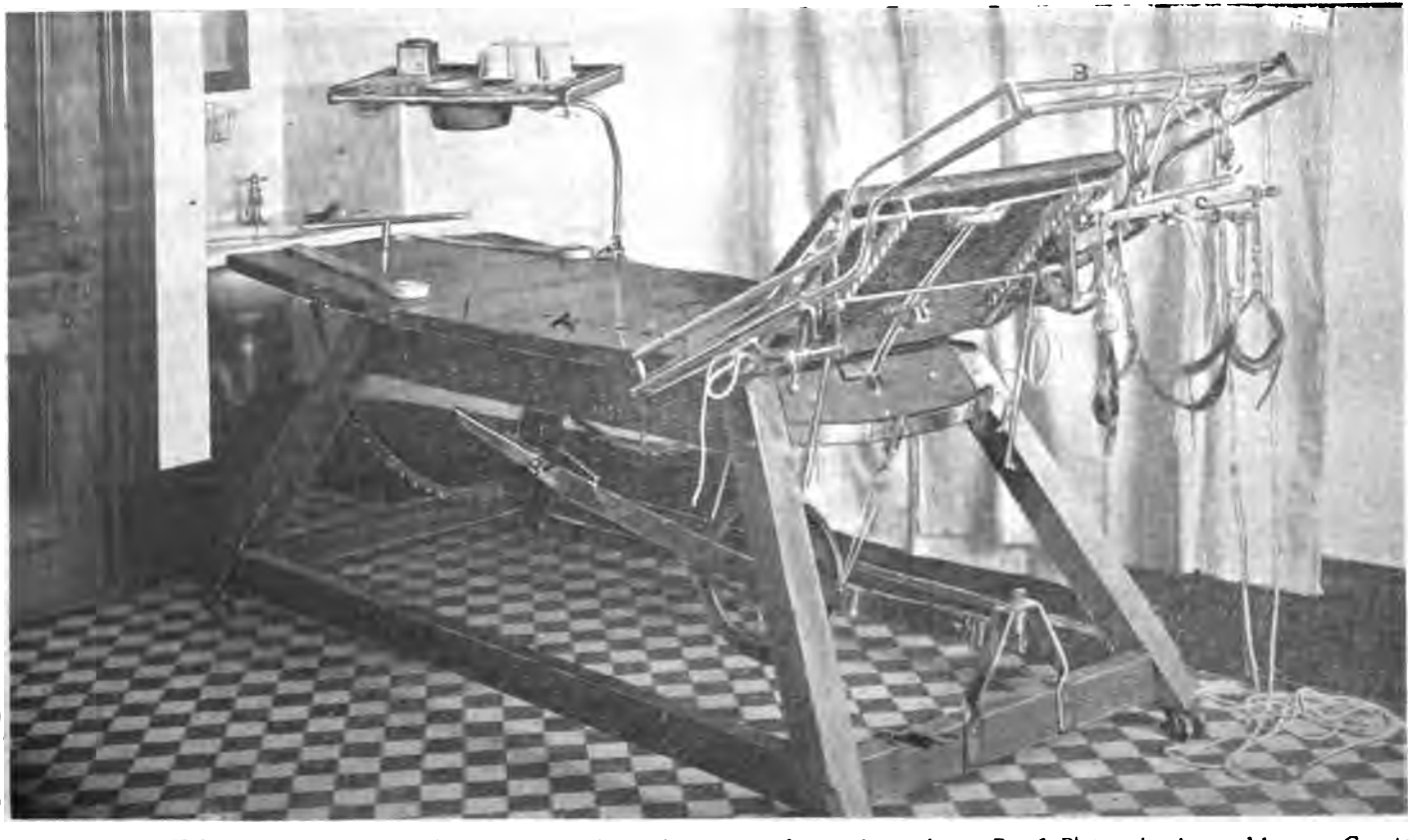

PLATE II.—*Table*, and equipment used in forcible straightening, etc. *A*, trough section. *B* and *B'*, traction bar and lever. *C*, automatic adjustment apparatus. (*1*, stationary bar, *2*, arm bar. *3*, head bar.)

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of the table. The trough facilitates the application of the plaster corset during horizontal extension. (See plate IV.)

On the under side of the leaves, near their edges, and running their entire length on either side and across each end, is a small groove, let into the wood and provided with hooks three inches apart. To these are fixed the straps which bind the patient to the table in any desired position.

Fixed to the end leaf at the head of the table is a traction apparatus, the two lower parallels of which travel through a pair of sleeves, each provided with a quadrant for adjusting the plane of traction to be used. This traction apparatus is made to operate by a lever swung under the table in such a manner as to be readily thrown under the foot of the operator as he stands at either side of the table. The connection between lever and traction piece is made by a single rope, having its centre bent through a small swivel pulley, the upper end of the sheaf of which travels on a crescent-shaped crane fixed to the legs of the table. The rope passes thence under a 12-inch compound pulley, fixed in the lever, upward and over a small compound pulley fixed in the free end of a small swivel lever (no matter in what direction the big lever is thrown, the small one constantly approximates the forward margin of the 12-inch wheel); thence forward along the under surface of the end leaf, where it leaves the compound blocks and travels at right angles to follow the margins of the leaf to the axis of the quadrant. Here it passes through sets of retaining rollers; thence over the single pulleys fixed in the free ends of the traction bar and is inserted finally into each quadrant.

This arrangement of the rope, *looped*, instead of fastened at the fulcrum, insures an equal tension on all the traveling parts, and adjusts the parallels to any inequality of resistance during traction. The lever is provided with a ratchet and pawl, under control of the foot.

To the upper cross-bar of the traction piece is attached an automatic adjustment apparatus, carrying the head and arm stalls. The arrangement of the ropes connecting the axillary straps with the head stall is such that the moment traction is begun the tension on the head and arm pieces is automatically controlled. Should the operator desire to place greater tension on the head, or *vice versa*, this he can do by aid of two set screws, which, when set, fix the ropes to the head bar.

This apparatus is so constructed that the head and arm bars swivel independently of each other; or they can be prevented from swiveling by the operation of a friction nut. The necessity for such an arrangement is best explained by referring the reader to Plate IV. at C.

Connecting the automatic adjustment apparatus with the traction piece are two sets of compound pulleys, used to make the necessary adjustment of the body on the table. Also in case of accident to the traction apparatus, the extension can be instantly transferred to this tackle, the halyards of which are given one turn around the cross-bar and held by the nurse.

FIRST STEP IN FORCIBLE STRAIGHTENING OF ANGULAR CURVATURE.

A day or two before the time set for forcible straightening, a pelvic band of plaster bandage is formed over a padded quilt composed of linen-mesh and lamb's wool. This quilt completely envelops the body from above the shoulders down to the pelvis. The pelvic band extends about three inches above the sacro-iliac line. Two pieces of webbing, formed into loops, are meshed into the pelvic band and allowed to reach below the trochanters. The patient is then removed to rest position in bed.

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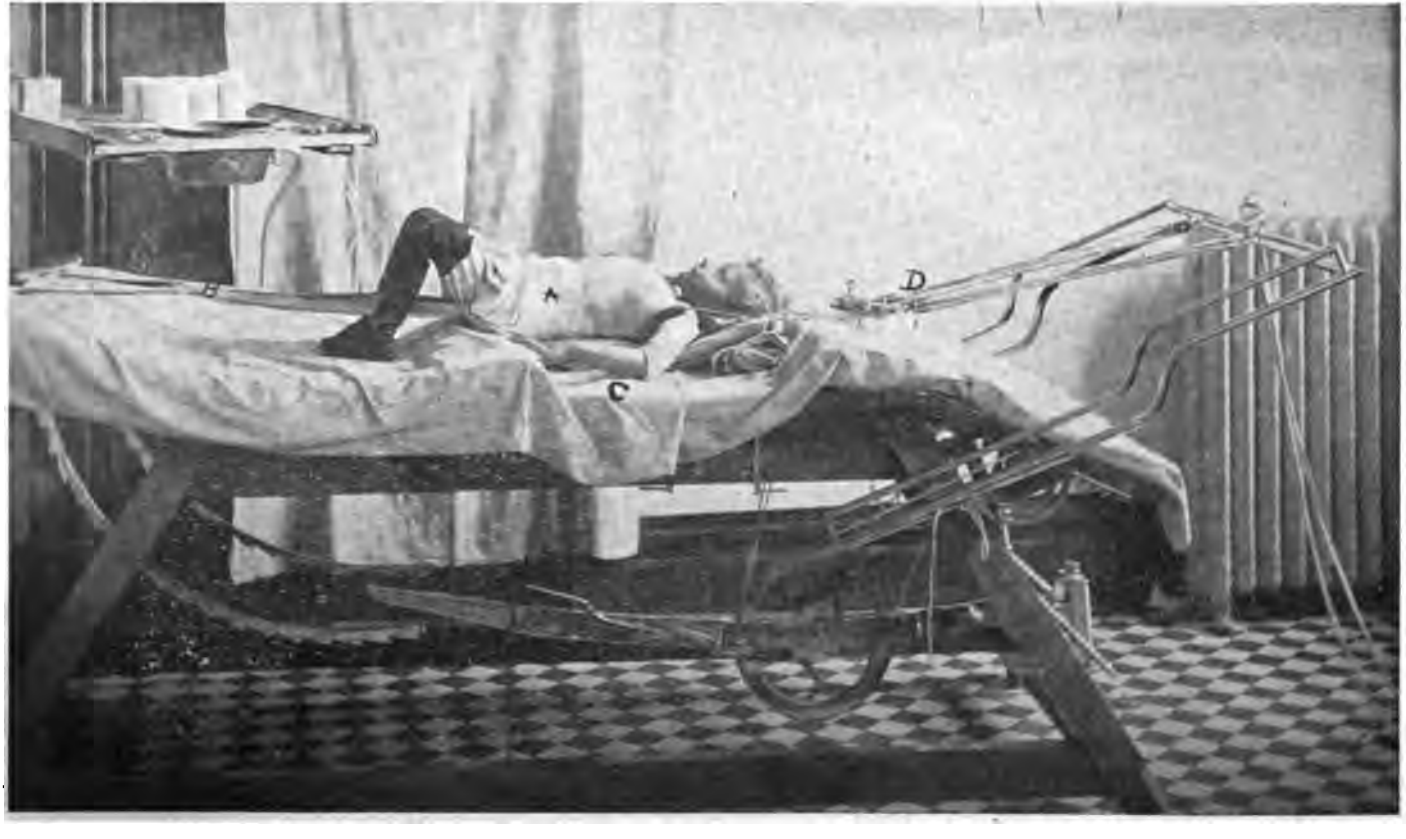

PLATE III.—Patient in first position, ready for the anesthesia. *A*, half corset. *B*, straps (crossed) run through eyes in half corse tand fixed to hooks in end leaf. *C*, trough section closed. *D*, compound pulleys connecting automatic adjustment apparatus with traction bar.

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PLATE IV.—Patient in second position, ready to be detached and turned over. (Slacking the compound ropes frees the head apparatus.) *A*, second half of corset. A', jury mast. *B*, trough. *C*, head bar swiveled, and head turned to right, for the administration of the anesthesia.

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SECOND STEP IN FORCIBLE STRAIGHTENING OF ANGULAR CURVATURE.

The patient is laid on the table, face upward, with the body directly over the trough, and the head and arm apparatus adjusted. Two pieces of webbing are run through the loops in the pelvic band, crossed in front and fastened to the hooks at further end of table. In this position (see Plate III.) the anesthesia is administered. When all is in readiness, the assisting surgeon takes his place opposite me, and together we turn the patient over. The head bar is then swiveled, the face turned toward the anesthetist. The draw leaves are then removed, and the rubber sheet falling into place completes the trough.

The quilt lining is then turned down over the pelvic band and the kyphos exposed. Gradually increasing traction is now made on the spine by the downward stroke of the lever, at the same time I press the curvature downward and forward in the direction of the line of traction, the assisting surgeon supporting the shoulders and upper portion of the thorax. After the curvature has been reduced enough traction is continued to insure complete separation of the granulated surfaces. (My theory is, that after the kyphos is completely broken up, its tissues offer less resistance to traction, and allow the healthy vertebræ to settle back upon each other—thus placing the separation where it belongs and insuring absolute rest to these parts.)

The quilted pad is now drawn snugly into place, and two roller pads on each side of the spinous processes, and parallel thereto, are caught by the plaster bandages as they are carried up over the thorax. When the corset is complete the jury-mast (see Plate IV.) is adjusted so that the rods pass down on the corset and front and back of the shoulders, and the terminals of the swivel arch approximate the rings in the head stall, just above each ear. Several additional turns of the plaster bandage above and below lock the jury-posts in place on the corset. The transfer is then made from the automatic adjustment bar to the swivel arch of the jury-mast, without losing in the smallest degress the traction on the spine.

The halyards of the compound pulleys are now slackened by the nurse, the webbing slipped out of the loops of the pelvic band and the patient transferred to another table where the corset is trimmed while the patient is waking up.

By employing this method, we have not only felt more certain of the ultimate results, but lessen greatly the time spent in the actual performance of the operation. We are certain of securing a homogeneous and constant traction on the spine, which could not possibly be secured where several assistants, having unequal strength, make the traction and attempt to hold it throughout the process of applying the plaster corset. To transfer the patient from the position in which the traction and forcible straightening was made, to one of perpendicular suspension, with head down, seems to me to be an expedient unnecessary as it is unwise.

The jury mast used to transfer the spinal traction, was designed by me some three years ago. The two arches are made from aluminum, first hammered into shape, and then smoothed and polished. Through the terminals of the larger of the two arches are slipped 3-16 inch steel wires, bent to form four uprights. The lesser arch swivels on the main arch at its centre, and is provided at its terminals with open eyes, to engage the ½ inch diameter ring, coupling the head piece to the jury. When these four uprights are meshed into the corset the jury becomes virtually a part of the corset, distributes the weight it has to carry over the entire sacro-iliac surfaces and parallel to the true line of axis. The jury is extremely light and admits free head movement; an improvement over the plaster collar and head band greatly to be desired.

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The head stall is designed to carry the head in perfect balance, and at a point nearest to the centre of spinal axis, and not at right angles to it, as is invariably the case where too much chin extension is used. The chin piece designed and used by me acts only as a retainer, the weight being carried at the occiput.

Fig. 1.

Figure 1 shows the first child to be forcibly straightened under complete anesthesia.

Figure 2 is the same child 17 days later—Nov. 10th.

History: Elizabeth Tucker, Evanston, Wyoming, age 9. Tubercular kyphosis in lower dorsal region, of four years' standing. Cause uncertain, but believed to be due to a fall. Younger brother died of spinal meningitis. Child in fairly good health, and spine no longer troubling her, save the great discomfort of the extreme lordosis below the kyphos. No support could be worn that was found satisfactory, and the lordosis was noticeably on the increase.

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Forcibly straightened Oct. 24th. After the necessary traction was made, I found I could not reduce the kyphos, till I climbed on the table, and pitting my elbows into my abdomen threw my whole strength (combined with my weight) into the task. When it did yield, the snapping and crackling of the separating tissues was as clearly defined as when one breaks a pine stick across the knee. Dr. Buell supported the chest; Dr. Bullard the head. The work was begun and finished without a hitch, save the momentary embarassment caused by the kyphos refusing to yield.

Fig. 2.

Up to the 5th day the pulse rate remained above 120, reaching one hour after the operation 128. Respiration taken at this time numbered 46. Temperature normal. Child allowed to walk on and after the 7th day.

Much has been said against the advisability of applying the plaster of Paris corset in the horizontal position because it too greatly accentuates the natural lordosis of the spine. I wish to call attention to the fact that in this instance we have not only corrected the kyphos but the extreme lordosis, and applied the plaster corset with the patient in horizontal position (fig. 2). There is certainly something at fault technically when this happens, for I repeatedly apply the corset on adults this way and have no such experience.

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On Nov. 19th I found it necessary to remove the corset, because the child had grown too big to endure it with comfort. The spine was perfectly straight and was quite firmly united. The mother was present and she said it was the first time she had really believed her child's spine was straight. She knew the corset looked straight, but she couldn't see that it was "just like that inside." The increase in stature amounts to 44-5 inches.

Fig. 3.

Three small pressure sores were visible, one over each antero-superior spine, and one over the 9th spinous process. These were washed and a dressing of resinol applied, the new corset put on, the jury replaced, and the child allowed to run about next day.

Figures 3 and 4 show the second case and the position of the psoas abscess.

The spine was forcibly straightened and the abscess opened Oct. 25th.

History: Constance Grose, Los Angeles, aged 7. Tubercular kyphosis, 2½ years standing. Last summer the child was brought to me, and a yucca corset

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made. This she wore for three months when it was noticed that an abscess was forming on the inner surface of the right thigh just below the pubic arch. I saw that she was placed in bed at once, to await the return from Chicago of Dr. Wing, the family physician.

It was decided to forcibly straighten her spine, with the hope that extended rest would check the progress of the disease. The abscess was favorable for this, being below the margin of the corset, where it could be properly looked after.

Fig. 4.

Immediately after the spine was straightened and the corset and jury in place, the child was transferred to another table, and the abscess was opened by Dr. Wing. Considerable cheesy pus and here and there pieces of carious bone discharged from the wound. A drainage tube was retained in the cavity and the wound dressed.

Dr. Wing, who has charge of the case, reports that the abscess discharges very little, and that he is very much encouraged with the results thus far obtained.

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The temperature for the first two weeks kept above 100, and reached its maximum Nov. 3rd, when it stood 102 3-5, with pulse 112 and respiration 58. Nov. 4th, temperature down to 101, pulse 104, respiration 44. The increase in stature amounts to 3 1-5 inches.

A fuller report of this case will be given in a subsequent issue of this journal.

Case No. 3.—Walter Goldy, age 4½. Tubercular kyphosis affecting 7th, 8th and 9th dorsal vertebræ. Curvature similar to that of No. 2, but showing a more rapid breaking down. Disease two years' standing and of traumatic origin. Was first treated by the Osteopaths, and finally when the boy's health became alarming, he was taken to Dr. M. L. Moore, who referred the parents to me. At that time a yucca corset and jury-mast were decided on and the boy placed in bed till such time as the apparatus could be finished. In the meantime he fell out of bed and reinjured his spine. A plaster corset was applied as soon as Dr. Moore and I could get to him, and a jury meshed into this. From that time on the child gained in strength. We decided at the time that the safest course would be to straighten the spine and let it heal without deformity, This was done Nov. 21, and furnished the plates for this article. The plaster refused to set and allowed the rods to press into the little fellow's ribs, causing him a great deal of discomfort. Had it not been for this unfortunate incident the child would have suffered absolutely no inconvenience from the forcible straightening. Two days later, the 23rd, he was placed in perpendicular suspension, the corset removed and a new one applied. The first corset gave no support to the spine and considerable kyphos had recurred. Additional extension was made and the kyphos reduced and held in place till the jury was adjusted and the extension transferred to it. He suffered no inconvenience from resetting, and temperature, pulse and respiration remain normal. He eats well, and today (Thanksgiving day) the father telephoned me that the child wanted to get on his feet. Second stature measurement not yet taken.

Potomac Block,

SCHOOL HYGIENE.*

BY DR. O. S. BROWN. WILDOMAR, CAL.

By our much vaunted system of modern education, many of those who enter school either fall by the wayside or when commencement day arrives, instead of being ready to commence their life work, are physical wrecks, ruined in health, ruined in morals and ruined in mind power; because a strong mind requires a strong, well developed, well nourished body behind it. Our bodies are intricate pieces of machinery so designed and constructed, that under proper conditions and with sufficient material supplied they have the power to build, to repair and to keep themselves in perfect order. That they may be enabled to do this the Great Giver of all life has furnished us certain laws, by which to care for these bodies, so that they will be enabled to perform all their functions properly. Just so certainly as we violate any of these laws; as by breathing impure air, drinking impure water, insufficient exercise, overtaxing or not using any organ, or any group of organs; just so certain are we to pay the penalty. In the laws of health the penalty always follows sooner or later. We may not be able for a long time to clearly see that we are required to pay that penalty. In children the constant wear of body and mind has to be repaired each night, and more; the materials for growth and development for both body and mind have to be provided. Consequently they require larger quantities of good nourishing food. In order that this complex ma-

*Read before the Riverside Co. Medical Society.

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chine be able to perform properly the various duties imposed upon it, it must be supplied with good healthy blood. Claud Bernard aptly describes the blood as an internal medium which acts as a go-between or medium of exchange for the outer world and the tissues. Into it are poured the products of digestion; by the lungs or other respiratory organs it receives oxygen. In its passage through the tissues, it gives up some of these new products and in exchange receives waste materials which have to be gotten rid of. In its passage from the heart through the various tissues of the body back to the heart, which trip it makes on an average once every thirty seconds; it is subject to various deleterious influences. And as from one-fourth to one-sixth of all the blood in the body goes to nourish the brain, it will at once be seen how even a slight deviation from the normal standard of the blood will affect the brain and exert a most powerful influence on the intellect. The more we exercise any one organ or set of organs, the more blood is required to supply them. When the brain is severely taxed it is certain to cause a blanching of some other organ. Thus girls should be carefully guarded from overtaxing the mind during certain periods; else they certainly lay the foundation for diseased conditions that will follow them through life. One eminent educator says: "There are two years in every girl's life during which she should be free from study to properly develop certain organs of the body."

A careful study of all those conditions, in and about the school room, which surround the child during school life, and which directly or indirectly affect its health in that period or in after years, and the practical application of the results of this study, is the object of this paper.

The site selected for the school building should be on soil of a rocky, gravel or sandy formation, rather than on clay or alluvial deposits. It should be quite a distance from other buildings, to allow free circulation of air, perfect admission of light and the soil not to be contaminated by garbage. The direction of prevailing winds should be considered. Winds that blow over marshes would be laden with miasm; those that blow over slaughter houses or other obnoxious places would be charged with impurity. In this hot country the location should be such as to get the full benefit of sea breezes. The water supply should influence greatly the selection of site, especially if it is to be from a well. In towns and cities the class of people who reside near the site should be considered. No site should be selected where the near residents are known to be lewd or in any way immoral. Neither should the site be in close proximity to prisons, hospitals, railroad depot or crossings, or manufacturing plants. Select a site that has as much natural beauty as possible. It should be thoroughly drained and graded so that no water will stand near the building. In planning the building and rooms, the size should be determined by the number of pupils who are to occupy them, rather than the school board or the amount of money that is to be expended. Each pupil should have not less than 800 cubic feet of space, and 1,000 would be better. Thus for 25 pupils the room should be about 35 by 45 feet floor by 16 feet to ceiling. In all cases the floor space should be not less than one-twelfth of cubic space. No room should have more than 25 pupils. Each room should have attached to it two cloak rooms, two lunch rooms for those who bring lunch, two wash rooms having basins and bath-tubs, and two covered ways leading to closets. The light should be admitted from a northern exposure if possible; through windows extending well to the ceiling, and within some three feet of the floor, allowing each pupil from 200 to 300 square inches of glass. The more light the better. Any bright glare can be modified by shades. Each child should be given a desk and seat alone of such a size as to allow it to sit erect and comfortable. The desks should be so arranged as to be of easy access and not connected with any other desk or with the wall. It

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should be occupied by only one pupil. When two sit together it causes a nervous and muscular tension lest one disturb the other, that is injurious to the healthy exercise of these functions. Where two or more girls sit together they frequently slide in and sit on a fold of the clothing, and throw the spine out of the erect position that is requisite to health, and tends to produce hip joint disease and spinal curvature, and frequently to a much more serious trouble, Pott's disease, or hump back, as the laity speak of it. The desks should be so placed that the light falls first on the book, or whatever work the child is engaged in, and be reflected to the eyes. It should come from the left side rather above the level of the head. It should never be bright and glary, but should be soft and mild; yet clear and of sufficient intensity to bring out distinctly the work before the child.

Even in the country districts recitation rooms are much needed. In graded schools they are indispensable. They should be of good size, well lighted and of easy access. The plan of having large open halls through school buildings and long flights of stairs to be climbed several times daily, is very injurious to the health of children. They come from the hot school room without any extra wraps, into these cold halls and stairways to pass to the recitation rooms. The result is catarrh and bronchial troubles and many times very serious trouble to girls who are at a tender age.

Of building materials it is not necessary to discuss further than to say that they will be used largely as to their availability, and that proper precaution should be taken to guard against dampness.

In constructing school buildings, beauty as well as health and convenience should be considered. Schools boards should always employ a first class architect to draw the plans and specifications. If any member of the board needed to have his arm amputated, he would not for an instant think of employing the rest of the members of the board to do the operation, but would employ the best surgical skill to be secured. How much more important is the proper planning and constructing of the school buildings which will affect for good or for evil the health of hundreds who are eventually to take their places in the world.

Most persons of average cleanly habits would object very much to be compelled to wear the soiled underwear of some cleanly person, let alone that of some filthy one; or to use their tooth brush, or to take partly masticated food from the mouth of some tobacco user or person affected with some infectious disease and finish masticating it. Yet many persons make no objection whatever to their children drawing into their noses, mouths and lungs air that has recently been inside some other person's body, and oftentimes a very filthy body at that. The evil results of inhalation of vitiated air are usually such as not to be noticeable for a considerable length of time, unless the individual is very susceptible to such poison. The breathing over and over of air causes the air passages to become coated with animal debris from the dead or dying organic matters which are exhaled and which afford the very best places of lodgment and nourishment for the germs of various diseases. Ventilation is the continuous or more or less systematic changing or removal of the air in the school room. To effect this there must be a continuous current of fresh air entering, and as continuous a current of foul air leaving the school room. In a state of quiet an ordinary person gives off 6 cubic feet per hour of CO_2. To this must be added a certain amount of organic matter which is extremely deleterious to health. As the cubic space required for each person varies, one thousand cubic feet is a fair average. If the air in this space is to be kept sweet so that the CO_2 does not exceed .06 per cent. 3,000 cubic feet of fresh air must be supplied, *i. e.*, the

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air must be changed three times every hour. Pettenkoffer found the normal amount of CO_2 to be .04 to .05 per cent. per thousand cubic feet in pure air. In comfortable rooms .54 to .7 per cent. per thousand. In many school rooms it went as high as 7.2 per cent. per thousand. While it is not specially the CO_2 that makes the air impure, but the excretions from the inner and outer surfaces of the body which cause the trouble; the CO_2 is a fair index to the amount of these materials contained in the air. How are we to accomplish this constant changing of the air in the school room? By providing sufficient outlets for vitiated air, and free inlets for pure air. About 24 square inches inlet for each person, or an opening 12 inches square for each six persons, the air having a velocity of four to six feet per second. Tobin's tubes, which start on the outside below the floor, are incased in the wall to about six to eight feet, when they enter the room through various openings and the air is allowed to diffuse itself throughout the room. The teacher can greatly facilitate the changing of the air in a school room by opening all the doors and windows at each intermission. School rooms should be well aired each evening after school closes. Complete ventilation requires not only that the room itself be ventilated, but also that the loft and cellar, especially the cellar or under portion of the building. Wherever practicable the house should be set on pillars at a considerable distance above the ground. In no case should rooms for the janitor or closets be in the basement. Many outbreaks of disease, diphtheria in particular, are caused by damp, ill ventilated basements.

Nearly all heating is at the expense of ventilation. About all the good that can be said of the open grate is its aid to ventilation. Only about 15 per cent. of the heat is utilized by the open grate. In heating by ordinary closed stoves all the heat is utilized but about 15 per cent. Closed fires burn and unfit the air for breathing. The air is almost devoid of moisture, and it acts as an irritant on the mucous membranes exposed to its action. Ophthalmia, catarrh and bronchitis are common complaints. In all heating care should be given to the amount of moisture in the air. The best means of heating is by hot water or by steam; having the pipes laid under the floor, or rather have a double floor and lay the pipes between. This system requires less fuel and is more easily managed after the plant is properly constructed than any other.

While water is not food, it is the medium in and through which the processes of life occur, and the products of vital action are removed and excreted. 58 per cent. of each person's body is composed of water. The child must needs take every 24 hours from 40 to 90 ounces of water in food and drink to maintain its strength and weight. And a much larger quantity, combined with a good article of soap, is required each day externally to keep its skin and morals in good condition. In order to meintain ordinary cleanliness each pupil should consume from five to ten gallons of water per day. The constant use of such large quantities of water necessitates that it should be of the best possible quality. It is very liable to contain matters injurious to health. The most important of these are the micro-organisms, especially those which produce the diseases of the digestive tract, such as diarrhea, dysentery, typhoid fever, etc. In a small town of less than 500 inhabitants, of eastern Ohio, in 1896, an outbreak of typhoid fever occurred, there being about 170 cases. The local physicians, not being able to locate the cause, called on the State Board of Health. The secretary came and examined the wells of the town and found that every one contained the typhoid bacillus. The question was from where did it come. The secretary went carefully over all the territory in and about the town. Finally, about one mile from the town, on a high hill, the town being in the valley, he found the cellar of an

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old house which had been burned some years before, ove.grown with weeds and all kind of such filth as would naturally grow in it. The refuse of the town, privy vaults in particular, had been thrown into this cellar. He had it all removed, thoroughly cleaned and a number of barrels of lime slacked in the cellar. Each family was required to boil the water they used, or else get it from a spring on the other side of the valley. Not another case of fever occurred. Late in the fall, after copious rains, the lime showed itself in the wells. The school used of water gotten from a well. The high school suffered much from the fever and had to be closed. Now a little thought and intelligence in the right direction would have saved much of this sickness and many deaths.

Water may also contain poisonous salts, as of lead or an excessive amount of magnesium or of lime, giving rise to goitre or calculus. There is no simple, easy and reliable means by which one can assure himself that a certain water is harmless. One can have some idea of its purity as to sewerage contamination by the amount of the chloride of sodium it contains. Chemical analysis tells nothing of the living organisms in water. Something may be learned about this by making a gelatine culture and watching the results. It is almost impossible by any ordinary method to say positively that a certain water is not slightly polluted. But it is often easy to say certainly it does contain disease-bearing germs. The most reliable source of obtaining water in rural districts is from deep wells and springs or from streams coming from uninhabited and uncultivated regions. Always remembering that the lay of the ground, character of the soil, and nearness of contaminating sources should be considered. In ordinary soils it may be said that a well drains a funnel shaped area, the radius of which is equal to the depth of the well. This largely depends upon the character of the soil and the source of the current of water supplying it. Each well should be carefully protected from all surface water, animals and anything that could possibly contaminate the water. Where a well is a source of supply it should be cleansed once a year, just before the school opens, and the water allowed to collect and be emptied at least twice before the school uses it. Be the source of supply from springs, they should be more frequently cleaned and thoroughly guarded from pollution. Whenever practicable the water should be obtained from a general water supply, as it is much more likely to be pure.

(*Continued Next Month.*)

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

THE NATURE OF THE DIAZO-REACTION.—Geisler (*Vratch, No.* 9, 1898) has accidentally discovered that peptonized meat bouillon gives a characteristic reaction with Ehrlich's test. No such reaction could be obtained with either fresh meat juice or pure peptone. Evidently the reaction is due to some substances formed in the process of preparing the meat bouillon, when chemical changes at present unknown to us take place. A bouillon solution of typhoid bacilli gives a much feebler reaction than the peptonized bouillon by itself, showing that some of the substances, on which the diazo-reaction depends, are destroyed by the germs. The one peculiarity about the reaction with meat bouillon is that there is no precipitate. This has been shown to depend on the more favorable medium of the bouillon for the preservation of the unstable coloring substance. The clinical experiments of different observers have led the author to

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conclude that the presence of diazo-reaction in the urine depends on the amount of leucocytolysis, or the solution of white blood corpuscles in the blood serum present in any disease. This is most marked in typhoid fever, in measles, in erysipelas, in leucocytosis, in pyemia, and in other suppurative diseases. Leuconuclein prepared from the pus with the aid of artificial gastric juices, as well as other substances dissolved out of the leucocytes, do not give the diazo-reaction. A negative result was also obtained with the blood, cerebro-spinal fluid (in tapping for tuberculous meningitis) and pleuritic fluid taken from patients, whose urine gave a marked diazo-reaction. The author is therefore of the opinion that the substances giving the diazo-reaction, must be formed in the kidneys themselves during the excretion of the products of leucocytolysis from the blood.

CONCERNING THE SIGNIFICANCE OF SUGAR IN THE URINE IN THE DIAGNOSIS OF GALL-STONES.—(*Deutsch Med. Woch.*, *Phil. Med. Jour.*) Alfred Exner. From the examination of the urine of forty patients with gall-stones, Exner has been able to demonstrate, in every case but one, the presence of about 0 .4 per cent. of sugar. The knowledge of this clinical fact is of importance in the question of the diagnosis of gall-stones. It could not be proved that the amount of sugar in the urine depended upon the lodgment of the calculi in the cystic or in the common bile-duct; nor is any explanation at hand for this clinical fact. The presence of gall-stones in each case was confirmed at the operation for their removal, after which the glycosuria gradually disappeared.

ICHTHYOL IN UROGENITAL TUBERCULOSIS.—Goldberg, at the Seventieth Congress of German Naturalists and Physicians, related the extremely beneficial results he had attained in urogenital tuberculosis, with 1.0 to 3.0 ichthyol *per diem* in a fluid form. Not only did the general health improve, but all the local phenomena were favorably affected.

BACTERIOLOGY OF NOMA.—(Phil. Med. Jour.) At a recent meeting of German naturalists and physicians held at Düsseldorf, Petruschky reported a case of noma that he had studied bacterologically. In addition to staphylococci and a number of bacteria that had gained entrance into the mouth, he found typical Klebs-Loeffler bacilli. In consequence of this the case was treated with repeated injections of antitoxic serum and the patient recovered. This was the second case of noma reported by Petruschky in which Klebs-Loeffler bacilli were found.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

TREATMENT OF KYPHOSIS BY CALOT'S METHOD.—H. M. Sherman (*Pacific Record of Medicine and Surgery*, June 15, 1898) reported before the San Francisco County Medical Society, two cases of spondylitis with deformity treated by the method of forcible reduction under an anesthetic. One was in a child, twenty months old, with a slight projection of the first and second lumbar vertebrae. The usual method of traction and counter-traction at the head and feet, and direct pressure over the deformity, was employed. The deformity was reduced and a plaster of Paris dressing from the vertex and forehead down to the hips was applied. At the time reported the child was comfortable and eating fairly well.

The other case was in a boy, seven years old, who had suffered from tuberculosis as far back as his history could be traced. During the direct pressure, dis-

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tinct crackling could be felt. The deformity was not entirely reduced. He seemed to have no pain, but suffered from slight shock and required stimulants. He also related, that as a medical student, he spent an evening with Dr. Knight, the founder of the hospital for ruptured and crippled in New York, who told him of a case which had passed out of his hands into those of another surgeon, who straightened the spine. The case, not doing well, returned to Dr. Knight for the original treatment. So, perhaps, Calot was preceded by the American surgeon in the application of this method.

TUBERCULAR OSTITIS OF THE ANKLE-JOINT.—(*Med. Rev. of Reviews.*) H. Augustus Wilson, M. D. "This man is 30 years of age. His family history is negative. His personal history showed that he sprained his ankle severely when a child, and since then has never had a strong ankle. He has frequently resprained it, but suffered in no other way until about a year ago, when he was struck over the internal malleolus of the foot by a base-ball. Following this injury the ankle became stiff and swollen, and was at first inflamed, which latter soon disappeared, the patient suffering no inconvenience, except that the joint was stiff, until recently, when it began to swell and attained its present condition. It is considerably swollen at present, but is not very sore or painful. The rises of temperature have been but slight. The swelling might be due to any one of various causes, viz., extravasation of blood from rupture of a vessel; an accumulation of synovial fluid; an acute inflammation; or acute or chronic abscess. That it is not an extravasation of blood seems probable from the lateness of its appearance after injury. An outpouring of synovial fluid would not occur except as the result of injury, and would also have occurred early. An acute inflammatory swelling would have been accompained by greater pain and soreness. Acute abscess would have developed earlier, and would have been accompanied by more marked symptoms and a greater rise of temperature.

"So it seems probable that it was chronic or tubercular or cold abscess, all of which mean the same and indicate the presence of the tubercle bacillus, although its presence cannot always be demonstrated in such cases. In support of this diagnosis we find by palpation the presence of fluctuation, which is largely superficial, but seems also to extend to the posterior part of the joint. He has complained for a few days of headache and other symptoms of septic infection. The origin of this condition is unknown. No doubt the injury may be said to be a factor in its etiology, but by no means an essential feature, as in many cases no such cause can be traced in the history.

"Operation.—A radical operation is not advisable in this case. With conservative surgery, thorough drainage, rest and anti-tubercular treatment, a cure may be expected. A tubercular condition may exist in a patient for years before it manifests itself, and may only be manifested in the offspring. This is a typical tubercular swelling. The swelling may be explored and the correctness of the diagnosis determined.

"An incision three-quarters of an inch in length is made over the external malleolus. Several drachms of pus have escaped, and the diagnosis is confirmed. A counter opening is made over the internal malleolus, and the abscess curetted, thick, heavy debris being removed, which is characteristic of a tubercular abscess. The finger is the best exploratory probe, but incurs some danger, and it is not advisable to enlarge the incision to a greater extent than is necessary. Thorough irrigation is practised. The joint is apparently not extensively involved, the abscess sac appearing to be entirely anterior to it. In many of these cases astonishing recoveries have followed the injection of iodoform emulsion, first suggested by Senn, of Chicago. The emulsion should be rendered aseptic before being

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injected, by boiling the oil, and when cold mixing the iodoform. The advantage of the oil emulsion is that it is more searching in the wound, keeps the tissues soft, and finally becomes thoroughly absorbed. The lower end of the internal malleolus is diseased, and is probably the original seat of the diseased process. The astragalus is also affected to a slight extent, but radical procedures are not thought advisable. It is a matter of experience that it is not best to remove part of a bone which is diseased in these cases; the probable reason for this being that it is quite impossible to determine the extent of the diseased tissue without the aid of a microscope. An attempt to remove all of the diseased bone would mean a resection of the joint or the removal of a more or less large amount of healthy bone.

"We now inject the iodoform emulsion, and drainage is placed in position and the wound closed and dressed aseptically. The leg will be placed in the position of rest, which is slight eversion, and slight plantar flexion determined by allowing the pendent limb to assume a natural position. A plaster of Paris bandage is employed to maintain this position. This form of dressing may be made to constitute a splint for any part of the body, but it is not advisable for first dressings in acute inflammatory conditions unless very closely watched and changed often, as swelling may be present, and may disappear, leaving the bandage loose, or swelling may occur after the bandage has been applied, causing great suffering and probably serious consequences. As soon as this dressing fully dries the parts over the open wound will be cut out for the purpose of applying treatment to the wound. Two principles in the application of this bandage are of great importance: First, never cover all the limb, leaving a part, as the fingers or toes, for the observation of the circulation etc.; second, do not leave the dressing on too long, in no case longer than one month without changing.

CARCINOMA OF TESTICLE.—(*Buffalo Medical Journal.*) By A. A. Young, M. D. I desire to state at the outset that the title of this paper is to be considered from the standpoint of the laity, and thus including several malignant growths; this is intentional, because the growth in question has not yet been determined or classified. It is with this conception that I desire to report a case that came under my observation in March, 1897. As to the malignancy of the growth there can be no question, though no history of cancer or other hereditary disease could be elicited. The patient who had already passed 70 summers had always enjoyed moderately good health and during that period had been an active hard working man. The primary or exciting cause of this affection is therefore questionable and only conditions can therefore be considered.

Examination of the patient revealed an enlarged left testicle, fully four times as large as its fellow, hard, nodulated, tender and adherent on its anterior portion to the scrotum.

The adherent portion of the scrotum was circular in form and fully one and one half inches in diameter. An operation was at once advised and about ten days later was submitted to. The entire half of the scrotum was removed, including the septum scroti, which was also adherent to testicle. The amputation of the cord and accompanying vessels was made just within the inguinal canal. A suture or thread was passed through the cord, just above the point of amputation and gentle, but continuous traction made upon the ligature in a downward direction the object of which was to prevent the formation of a hernia, toward which there were marked tendencies. All bleeding vessels were secured and wound closed by sutures, save a small opening through which the ligature passed and this was plugged with iodoform gauze; repair was moderately rapid and satisfactory, save through that portion of tissue occupied by this suture. This suture

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was removed one week after the operation. For three weeks there seemed to be no improvement in the sinus, although it was freely irrigated with various antiseptic solutions. About the beginning of the fourth week application was made along the entire course of the sinus, by the aid of a bit of absorbent cotton on a probe, saturated with a 25 per cent. solution of formaldehyde (Merck.) Repair at once began and it required only three applications, one every 48 hours, to practically close the sinus. Repair was soon completed and the parts assumed a healthful appearance and so remain today.

Of the medicinal agents protonuclein and red sulphuret of arsenic, 1-40 grain, were prescribed and persisted in for about two months, during which time no apparent benefit could be observed, when they were discontinued.

About 20 weeks later the patient again appeared and informed me that the remaining testicle was affected. It was about double its normal size, tender, but not nodulated or adherent to contiguous parts; by request of the patient, surgical inteference was postponed for ten days, during which time the part materially increased in size and tenderness. The testicle was then removed, the cord severed just within the inguinal canal as before. The adjacent tissues not being involved were not sacrificed. The wound was closed and parts cleansed with a solution of formaldehyde daily. So far as the parts were concerned recovery was rapid and satisfactory. This wound differed from the other in that there was no pus formation.

The patient, however, from some cause rallied more slowly than from the previous operation. Anorexia and muscular weakness were marked. Several of the so-called tonics were tried without any apparent improvement in his condition until the administration of nuclein (Aulde), when happy and marked changes were observed, consisting of increased desire for food, together with its better assimilation and the consequent improvement in flesh and strength. The parts at present have the appearance of normal and healthful tissue. That the growth belongs to the class of encephaloid carcinoma is quite probable, for he had the peculiar pain, rapid growth of the abnormal tissue, and its being confined to the body of the testicle and its becoming rapidly adherent to the scrotum. The left testicle, when first seen, was irregular in outline, due to the breaking down of the tunica albuginea; while the member seen last, where there was a short period of development, was swollen, but otherwise smooth and uniform.

There can be but little doubt but that my first impressions approximated the truth. As to treatment but little can be said outside of the time-honored custom of castration, which sometimes also proves a failure. As an adjunct to the "extirpating" treatment, from experience in this case, nuclein and formalin give flattering promises and each seem worthy of a more extended experimentation.

EYE, EAR, NOSE AND THROAT.

UNDER THE CHARGE OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

COCAIN IN OPHTHALMIC PRACTICE.—Dr. Theobald, in the *Johns Hopkins Hospital Bulletin*, writes a word of warning about the too free use of cocain in the treatment of diseases of the eye. It has come to to be quite common for the general practitioner to use cocain in eye inflammation, the inducement being that it diminishes the pain temporarily and so causes a measure of relief. The conditions in which it is used are various.

He says:

"I have met with many instances in which it was prescribed in simple catarrhal

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conjunctivitis. There seems to be no indication for its employment under such circumstances, and it is capable of doing much more harm than good. Because of its pronounced disturbing effect upon the nutrition of the cornea, cocain is not a remedy to be used carelessly in eye diseases. It acts, as you know, through the sympathetic nerves, or chiefly in that way, and, besides anæsthetizing the eye, it dries the cornea to a remarkable degree. The cornea not only becomes dry, but the epithelium becomes loosened, so that it is easily rubbed off, sometimes by the friction of the lids, or from the slightest touch of the instruments used. Any agent that has so marked an effect as this upon the nourishment of the cornea certainly seems not to be a safe one to use, unless there is a clear indication for its employment. The field of usefulness for cocain, apart from its anæsthetic action, is extremely limited. I scarcely think, indeed, there is any occasion to prescribe it as a remedy in eye diseases, though it may be used sometimes to increase the action of other drugs; for instance, atropia, or homatropia, will dilate the pupil more quickly and powerfully if combined with cocain. Even here I prefer to keep the solutions separate, and to instill the cocain first, and then the atropia. It is also useful as preliminary to the application of astringents or caustics, like the sulphate of copper or nitrate of silver, as it greatly lessens the discomfort, but this is only another phase of its anæsthetic action." —*Journal of the Am. Med. Association.*

DIPHTHERIA OF THE EYE.—McCollum, writing on "Antitoxin in the Treatment of Diphtheria" (*Boston Med. and Surg. Jour.*, for August 18th), mentions fifteen cases in which the sight would undoubtedly have been lost except for the heroic administration of antitoxin. In only one of these cases was there destruction of the organ, and this was in abnormal condition at the commencement of the attack. "When a diphtheritic membrane appears in the eye the effect of antitoxin on the membrane can be more carefully studied than when it appears in the pharynx. In some of these cases 2,000 units were given as the initial dose, and this was repeated in six or eight hours, if there was not a marked improvement." Except in very young infants, he believes the initial dose should be 2,000 units, and in severe cases 4,000 units may be given; the more concentrated the better, as the possible source of danger lies in the amount of fluid, and not in the inherent property of the antitoxin.—*Ophthalmic Record.*

THE TREATMENT OF TRACHOMA WITH A SOLUTION OF IODINE.—The treatment of trachoma with a solution of iodine (*Pediatrics*) is recommended by E. A. Nesnamoff, who looks upon trachoma as a lymphoid saturation of the adenoid tissue of the conjunctiva, accompanied by the formation of follicles, which are constructed like a net-work and possess a decided capsule in the majority of cases. The application of iodine has always been followed by extraordinary good results; within two, at the most three, weeks all the follicles will disappear and the conjunctiva returns to its normal state. A half-per-cent. solution of iodine in glycerine should at first be employed. After the conjunctiva has been painted with this two or three times, it becomes dry, and the eye does not react as strongly to the irritant action of the iodine. Later on a 1-per-cent. solution of iodine in white vaseline oil is used by Nesnamoff. Before applying the remedy the conjunctiva is dried with hygroscopic cotton. Only in the most intractable cases is it necessary to employ a 1½-per-cent. solution of iodine, or to increase the strength to a 3- and 4-per-cent. solution, according to the following formula:

℞. Iodi puri.....2.0 to 3.0 (30 to 40 grains.)
Ol. vaselin alb.....100.0 (3¼ ounces.)
Aeth. sulfur.....q. s.

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Finally, it should be mentioned that iodine dissolved in liquid white vaseline is one of the best remedies in purulent inflammations of the conjunctival sac.—*Centralbl. f. pract. Angenhel.*

TRANSITION FROM BENIGN TO MALIGNANT GROWTH.—Bart (*Arch f. Laryngol. and Rhinol*, 1898, vii., 2-3) reports a case of papilloma of the larnyx, which was under observation for twenty-three years, and was then seen to become cancerous. The microscope confirmed the fact of transition.

The papilloma had been diffuse and practically inoperable, and had been a centre of irritation, having caused aphonia and excessive dyspnea for years.

EDEMA LARYNGIS OF THE CLIMACTERIC.—Uchermann (*Arch f. Laryngologie*, 1898. p. 287) describes an interesting and unique case of chronic edema of the larynx in a woman who was undergoing the change of life. This edema was strictly unilateral and confined to the left aryepiglottic fold. Patient was under observation for at least six months, and the lesion was invariably much worse at the menstrual period. The edema slowly receded in size. There was never any inflammatory reaction, nor was there edema elsewhere. For these and other reasons the author believes that the case was essentially one of Quincke's disease or acute circumscribed angio-neurotic edema.

CORRESPONDENCE.

To the Editors of the Southern California Practitioner:

GENTLEMEN: In the September issue of this journal is a report of several cases of death from hysteria, death in the majority of cases being directly due to spasm of the glottis and anorexia; in this connection the remark is made that "although the manifestions of hysteria are usually considered to be of a benignant character, cases have been observed in which death, due to various conditions, have occured suddenly."

So far from death being a rare outcome of Hysteria, to the curious who dip into the classic medical literature of the ancients, it will be found to have been a frequent termination of the disease in those times. Their ideas of the etiology of the disease were fantastic in the extreme, and the treatment based thereon equally so.

It is Celsus I think, who ascribes the malady to the uterus being endowed with power of volition and movement—"a body within a body,"—the description is "which soaring upwards crushes the vital organs, producing terror and suffocation, frequently causing *sudden and incredible death.*"

The treatment was directed mainly to the forced return of the errant womb to its proper habitat; to this end stink pots filled with stale urine and feces were applied under the nose to force the organ to withdraw from above and pediluvia and aromatic scents applied to the vulva to attract it downwards. Massage and compression of the abdomen from above downwards was practised to the same end, and friction of the limbs as well. Medicine which had the merit of being of the antispasmodic type was also given, but would be of little avail against the stimulation of the complaint caused by the constant manipulation of the patient, even the vulva coming in for a share of attention.

Any of us who have witnessed violent hysterical paroxysms, can readily believe that if the patient were subjected to such treatment as indicated above, the spasm of the glottis might be so intensified and prolonged as to cause "sudden" but not "incredible death." This matter should have a practical interest for us, as it is quite conceivab e that the sympathetic attentions of friends might in extreme cases lead to such an untoward result if the case is not closely watched.

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I will add in conclusion that from the space given to the twin maladies hypochondriasis and hysteria by such authorities as Galen, Hypocrates and Celsus, it appears that they must have been of frequent occurrence in classic times, which goes to show that the highly developed civilization of that era tended to produce neurotic diseases no less than does ours, but like the civilizations themselves of a different type.

Yours respectfully.

D. L. BECKINGSALE, M. D., Ontario., Cal.

POSTPONMENT OF THE THIRD PAN AMERICAN MEDICAL CONGRESS.

INTERNATIONAL EXECUTIVE COMMISSION OF THE PAN AMERICAN MEDICAL CONGRESS.

OFFICE OF THE SECRETARY. Cincinnati, Nov. 5 1898.

My Dear Sir:

I have the honor to announce that in April, 1898, I received from Dr. José Manuel de los Rios, Chairman of the Committee on Organization of the III Pan American Medical Congress, a request that, in consequence of the then existing rebellion in Venezuela, no definite arrangements be made at that time relative to the meeting of the Congress previously appointed to be held in Caracas in December, 1899.

Caracas: September 25, 1898.

DR. CHARLES A. L. REED, Secretary of the International Executive Commission, Cincinnati, Ohio.

Dear Sir:

After having sent my communication dated April last, I find it to be my duty to notify you that, although the considerations pointed out in it have already ended, our country has been scourged by smallpox which has taken up all our physicians' activities and time, depriving them of going into scientific works. And, as that state of mind of our people and government after such calamities as war and epidemic, would greatly interfere with the good success of our next meeting, I beg leave to tell you, in order you will convey it to the International Executive Committee, that our Government and this commission would be grateful to have the meeting which was to take place in Caracas in December, 1899, adjourned for one year later. I am, dear Doctor,

Yours respectfully,

THE PRESIDENT,

[Signed] DR. JOSE MANUEL DE LOS RIOS.

In accordance with the request of the Government of Venezuela, and of the Committee on Organization, the III Pan American Medical Congress is hereby postponed to meet in Caracas in December, 1900.

For the International Executive Commission.

CHARLES A. L. REED,
Secretary.

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SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

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Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

EDITORIAL.

THE NEW CHARTER.

Believing that our readers will be interested in a review of some of the salient features of the new charter, which should commend it to the favorable consideration of every citizen, we have had prepared by one of the Charter Freeholders, a summary of its principal points. They are as follows;

1. Municipal elections are first to be held in December, 1899, and every four years thereafter, thus making our city elections fall in the off years and the odd years, and making them four years apart instead of two, thereby removing them entirely from the evil influence of national, state and county politics.

2. The Mayor is given greater power in the appointment of the various boards and officers, thereby locating the responsibilities for any abuse of such power, which responsibility cannot now be located, because it is exercised by the Council, and the Councilmen are actually responsible to the public at large, and if any failure of his public duty occurs, his responsibility will be plainly apparent, whereby it results that there will be a powerful stimulus towards keeping the Mayor in the right line of his duty.

3. Certain, particular officers heretofore elective, are to be appointed by the Mayor, namely: City Attorney, City Engineer and Superintendent of Streets. As they must all be men of professional and technical skill, it is considered quite likely that the Mayor will make a better selection of able men to fill these positions than would the political

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conventions; and being appointed by him, they will be responsible to him.

It may be suggested that this proposition is experimental, that the public will be mistakenly and injuriously abdicating its sovereign right to elect its public servants, that it is giving the Mayor too much power, and making him, in effect, a political boss. In my opinion the experiment is well worthy of trial. It is the same theory on which the Federal and state governments are successfully conducted. The people will, in effect, choose their various boards and officers, whom the Mayor appoints, when they select their Mayor, consequently, the people when assembled in convention, will be compelled to choose their best and ablest man for the position of Mayor. The charter is framed on the theory (as is the fact), that there are more good citizens than bad. But the former are never organized or united, whereas the latter invariably are. If the issue be centered on the choice of Mayor, instead of being as it is now distributed over many officers, the good citizens can much more easily unite in the nomination, and make themselves felt in the election of Mayor, than they can under existing conditions. They are much more likely to select a good, strong man for Mayor, under such circumstances. And either party who puts up a bad or weak man for Mayor will fail at the polls.

The political boss is an inevitable feature of modern municipal life; therefore, if we are to have a boss, in any event, let us have one of our own choosing, and then he will be as a servant unto us. If we do not like him we can replace him with another.

This will be a vast improvement over the self-constituted boss, who so largely dominates the ward and therefore the city, under present methods, and who acknowledges no mastery, is nowise a servant of the people and cannot be removed.

The prime object of municipal government is to have it as effective, thorough and economical as possible. The Democratic theory of government was originally framed to meet national and state needs, but it does not work well in the government of large modern municipalities. In fact, in all the large cities everywhere, it is now universally conceded that the Democratic theory of government by majorities has not only proven a dangerous failure, but that it does not meet the public needs for good and economical government, that its methods are a menace to free institutions, that something should be done to better protect the people; therefore, the proposed methods of the new charter cannot possibly result in any worse conditions. It is also considered safer to have the Mayor alone make all these appointments, than to have the Council unite in making them.

4. All the members of the various boards appointed by the Mayor

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hold for four years, except the first boards appointed under this charter. The members of such first boards so classify themselves so that one member will go out at the end of one year, one at the end of two, one at the end of three, and two at the end of four years. This rule obtains as to every board except the Board of Education, which will be mentioned hereafter. The result of this is that after the expiration of a little time there will always be a majority of the members of each board that will have had more than one year's experience in connection with the public business conducted by it, and thus the boards will be practically continuous boards, and at no time will an entirely new board come into office. It is the experience of all men who have held public office, that the first six months to a year, is necessary to enable a new member to familiarize himself with the duties of his office. If all be new at any one time, then great loss must inevitably fall upon the public until the officers have familiarized themselves with their duties.

5. The Mayor has large powers over all officers in the matter of compelling their obedient discharge of duty, and where they fail to perform their duties, he may bring the matter to the attention of the Council who can thereupon remove them for cause—the Mayor appointing the successor. The Mayor at present a member of several Boards will cease under the new Charter to have any membership therein.

6. The powers of the Council practically remain the same as now, except that their capacity to do ward politics is considerably curtailed through vesting the power of appointment in the Mayor; otherwise they exercise all powers now vested in them, and a good many other additional powers conferred upon them by the charter. They exercise all the legislative power, subject to the Mayor's right of veto, and hold the purse strings, and no appropriations or expenditure of money can be made except with their consent. They also control and direct all public works relating to streets and sewers and all other matters not specifically imposed on the several boards. This is the full extent to which they should be vested with power.

7. In cases of emergency they may increase the tax levy above the one dollar limit, by a vote of not less than seven members.

8. The principal of the initiative and referendum is adopted to a limited extent, whereby the Council are compelled, when not less than fifteen per cent. of the tax payers present a petition asking them to enact any given ordinance, to either enact the ordinance or submit it to the vote of the people as to whether it should be passed. The Council may also, and so may the Mayor, submit an alternative ordinance to be voted on. It is also made applicable so as to compel the question as to whether the city will purchase any large public utility, and issue bonds for same, to be submitted to a vote of the people.

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9. Whenever the Legislature by general law shall so enact, the city taxes can be assessed and collected by the County Assessor and County Tax Collector, thereby abolishing any further necessity for a city assessor or city tax collector, or for a separate assessment or collection or collection of city taxes, with a saving of approximately $25,000 per annum.

10. Officers may give as their sureties on official bonds any of the qualified surety companies who have complied with the laws of this state, thereby escaping the improper demands frequently made upon them by their bondsmen, which they find it difficult to refuse under the present system.

11. Many important changes for the better have been made in the Parks, Fire, Health, Building and Library Departments.

All of these departments will practically be removed from partisan and political influences, and they must necessarily be so conducted as will be for the best interests of the city, provided men of fair ability and integrity have charge of them, which will be the case, if the people do their own duty and select the right man for Mayor.

12. An increased number of policemen are provided for; the number of saloon permits which the board may issue is limited to 200 until the population shall have increased to 200,000; permits must be obtained by keepers of hotels and lodging houses, thereby giving the Chief of Police, and the Board, power to regulate and control disreputable houses. It is needless to say that this requirement will not in any way hamper or prove a restriction upon the business of those who desire to and actually do conduct their hotels and houses in an orderly and proper manner. Enlarged powers are also given to the board, and to the Chief, in many other important particulars, which will be conducive to the public safety, and benefit; while at the same time there is much less opportunity for what is usually described as "doing politics."

13. The greatest and most valuable changes have occurred in the School Department. The members of the board who are called upon annually to distribute for the benefit of the city, over half a million dollars derived from State, County and City Courses, at the present time (and will be called upon to distribute a much larger amount under the new charter), are no longer elected from the wards, or as a part of the machinery of ward politics. Three members are elected at large from the city, who hold office for four years. Immediately after the first Mayor is elected, he will appoint two members who hold office for two years. He appoints all their successors for four years so that there will always be upon the board after the expiration of two years, either two or three members who have had no less than two years's experience.

14. The number of the board is reduced from nine to five, and they each receive a salary of $75 a month.

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15. All teachers in the department at the present time or hereafter employed, are presumed to be retained in the employ of the department until discharged for cause. These causes are such as naturally commend themselves to the favorable judgment of every one who has ever considered the question. The causes for removal are insubordination, immoral or unprofessional conduct, evident unfitness for teaching or failure to maintain the standard of excellence in the work which the requirements of the schools demand. Teachers shall have notice of unsatisfactory work and reasonable opportunity given them to correct faults. The teachers are thus made secure in their tenure of office, and are no longer compelled to curry favor with politicians, with the members of the board, or with any one else in order to retain employment. All they need to do will be to *deserve* employment and they will get it and keep their places. The time they have hitherto given to securing and retaining their positions through some kind of political pull, will be hereafter devoted to the benefit of the schools; while the large amount of time heretofore employed by the members of the board in connection with this matter of the employment of teachers, will no longer be wasted, but it can be devoted to the beneficial service of the public.

16. The present arbitrary power which the members of the board of education may exercise over the teachers and which has too often been exercised from unworthy motives, and for unholy purposes, will no longer exist, but the board will only have the power, with the concurrence of the Superintendent, to remove teachers from the department for the reasonable causes above stated.

17. Truant schools may be provided for by the board in the several parts of the city, thereby relieving the schools from an undesirable class of pupils, who are an injury to the schools, but not objectionable enough to justify their committal to the Whittier School.

18. The Council is required to levy a tax for school purposes of not less than 20 nor exceeding 25 cents on the hundred dollars, annually, for the maintenance and support of schools, and they shall levy not exceeding 3 cents on the hundred dollars, for building purposes, At the present time not more than 16 cents on the hundred dollars is levied. This provision will enable the Board to relieve the city from the deplorable conditions now existing in our High School where over 1300 pupils are crowded into a building designed to accommodate 500, and will wholly prevent the recurrence of such a condition in the future, and that in all probability without the necessity of issuing bonds.

19. The water and water rights of the city cannot be leased otherwise than by license revocable by the city at pleasure, upon notice of not to exceed six months, with the right in the city to immediately re-enter at the expiration of the time of notice. The city is wholly

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prohibited from alienating or leasing any water works which belong to it.

20. No water main of less than four inches in diameter can hereafter be laid in any street. This is of overwhelming importance to every freeholder who needs water for lawn, domestic, fire, or any other purpose.

21. Whenever the Council shall by ordinance, so declare, a Board of Water Commissioners, to consist of three members shall be appointed by the Mayor. They take the control of all the waters and water works of the city and the collection and enforcement of rates. They shall annually recommend the rates to be charged, which rates shall be approved by the Council. They appoint their subordinate officers; and the article provides a complete scheme for the handling of such property for the benefit of the public. The charter further provides that water rates are payable in two installments, at the same time taxes are paid, such rates being a lien and charge upon the land to which water is furnished. This will save employment of an army of water collectors, and insure the city in getting all the money due for water, and undoubtedly reduce rates from one-third to one half.

22. The public work of the city on streets and sewers, and their cleaning, can be done at the discretion of the council, either by contract to the lowest bidder, or it can be done by day's labor, under direction of the Street Superintendent.

23. Every official who shall approve, allow, or pay any unlawful demand against the city, shall be liable individually and on his bonds for the amount of such payment.

24. No person shall be eligible for office, or as an employee in one, who has been guilty of misfeasance in office or embezzled any public funds.

25. Where lands are hereafter subdivided or streets opened up in the city, any map or plat thereof must be approved by the Council and City Engineer, otherwise such street shall not be accepted or opened up as a public street, or be entitled to any public improvement or maintenance.

26. One of the most radical and valuable features of the new charter is in the introduction of civil service rules in the appointment of all the deputies and employees in the various departments and offices. Such rules practically require that all appointments for office shall be based upon mental, moral and physical fitness for the position, the examinations being framed with the view of obtaining the best possible skill and services for the benefit of the city in each given station. These rules are made applicable to all officers, deputies and employees, of the city, save alone the principal elective and appointive officers

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and their chief deputies, and save also the various boards and commissions, election officers and unskilled laborers. These civil service rules affect and bring under them a little over one-half in number of the deputies and employees of the city, connected with the departments to which it applies.

This civil service feature has for its avowed purpose the obtaining of the very best public service, based on individual merit at a fair compensation, without the aid of ordinary political or partisan methods.

The various positions to which it applies, will therefore cease to be the gift to party workers by successful candidates or their party managers or bosses, as rewards for political services, and they will thereby be wholly taken out of politics, and as a further and most important result, the candidates themselves, both before and after election, are and will be emancipated from the claims made upon them by multitudes of people who seek deputyships either for themselves or their friends. The administration of public business through political and partisan methods, is admitted to be the greatest curse of modern municipal governments. In connection with many other changes along the same lines, found in the new charter, it is believed that civil service will do much to abate the evil, and to place the administration of the city government of Los Angeles upon the same sound progressive, economical and non-partisan business principles which obtain in the administration of the large private and quasi public corporations of the country, and without the application of which they could not be successfully carried on.

It may be suggested, in opposition to civil service, that the professional politician and the political boss will have to go out of business in connection with municipal affairs. Admitting the suggestion to be true, is not that a "consummation devoutly to be wished?"

Finally, there are many other lesser points and features in this charter not contained in the present law or present charter which are conducive to good, orderly and economical city government, but which cannot be covered in this communication; but other than these and in the particulars herein set forth the new charter follows along the settled and approved lines of the old charter. For these reasons it should prevail. The benefits to be derived to the city from the changes and improvements made in the school department, in respect to water rights and the water distribution of the city, or in respect to civil service, or in enlarging the powers and duties of the mayor, more than outweigh every argument or objection that can be framed or brought forward against this charter, and all good citizens should vote for it.

As a whole the charter is a large advance over the present one, and if defects exist they are only minor in character; and in any event, at

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the expiration of two years, if desired, the people, the council or the mayor can compel its amendment in any particular desired, wherein it does not conform to what is considered best for the public good.

EDITORIAL NOTES.

DR. F. K. AINSWORTH who has been ill with typhoid fever, is convalescing.

THE Riverside County Medical Society has taken a stand against the "lodge physician," denying such physicians admission into the Society.

THE Sunset Club had a medical evening at the November meeitng. Papers on "The Progress and History of Medicine and Surgery in the last twenty years" were read by Drs. Wm. D. Babcock and W. LeMoyne Wills.

COOPER Medical College announce a change of time in beginning the course of lectures by which they will ultimately conform to the almost universal custom of colleges—giving the regular course in the winter instead of the summer months.

THE Kern County Medical Society at their last meeting elected the following officers for the ensuing year: President, Dr. R. A. Ferguson; vice-president, Dr. A. F. Shafer; secretary and treasurer, Dr. J. L. Carson. A paper by Dr. Clarence J. Miner, on "The permanent removal of nasal polypi" was read and discussed.

BOOK REVIEWS.

THE CARE OF THE BABY. A manual for mothers and nurses containing practical directions for the management of infancy and childhood in health and in disease, by J. P. Crozer Griffith, M. D., clinical professor of diseases of children in the hospital at the University of Pennsylvania; Physician to the children's hospital, to the Methodist Episcopal, and to St Agnes Hospital, Philadelphia, Member of The American Pediatric Society and of the Association of American Physicians. Second edition, revised. Philadelphia. W. B. Saunders, 985 Walnut St. 1898. Price $1.50.

This book is both safe and sensible, while furnishing the desired information to the mother and the nurse, it, at the same time goes against the idea that it furnishes all the information that is necessary for the treatment of diseases of childhood. The chapter on the sick baby is very carefully written and is divided into the following topics: first the features of disease, second the management of the sick child, third the disorders of childhood. In no way will it foster the idea of so great knowledge on the part of the mother that she thinks she will be able to successfully treat her child in the ordinary ailments of childhood. The book is especially aimed against over confidence in old wives' fables. Having fully impressed the necessity of calling in help in serious conditions it then proceeds to lay down sensible and specific directions for the management of the child. It discusses the growth, toilet and feeding of the baby. It also gives something on the training, physical and moral, of the child. It describes the proper room in which the

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child should live, and gives special directions as to the mannerism of the person who should have charge of the child. It describes the ideal nurse on page 196 in the following terse sentences: "The trained nurse should be young and strong, docile, alert, self-possessed and gentle in manner and voice." She should be neat appearing and very clean." It need not be said that she should be faithful, obedient and chary of interference.

There are a great many simple remedies for internal admistration, a section on miscellaneous topics, and the last a careful preparation of the doses, with a list of the ordinary household remedies and also of the drugs usually prescribed to children, adapted to children one year old. As the book was written by a physician it is at the same time replete with proper information and full of sound advice.

AN AMERICAN TEXT-BOOK OF GYNECOLOGY, MEDICAL AND SURGICAL FOR PRACTITIONERS AND STUDENTS. By Henry T. Byford, M. D., J. M. Baldy, M. D., Edwin B. Cragin, M. D., J. H. Etheridge, M. D., William Goodell. M. D., Howard A. Kelly, M. D., Florian Krug, M. D., E. E Montogomery, M. D., William R. Pryor. M. D., George M. Tuttle M. D., edited by J. M. Baldy, M. D., second edition, revised. With 341 illustrations in the text, and 38 colored and half-tone plates Philadelphia, W. B. Saunders, 925 Walnut St., 1898. Price $6.00 cloth, $7,00 shp. or one half mor.

It seems enimently proper that since gynecology had both its birth and substantial improvements in America, that a text-book should be prepared by American authors who are well posted in that branch of surgery. A mere glance at the list of authors insures the high grade and authoritative character of this work. Such men cannot afford to have published under their sanction anything under the very highest quality. The dedication of the work "To the profession of America by their co-workers, the authors," is both happy and appropriate, for nowhere else are there so many competent and conscientious gynecological surgeons as in America. The characteristic of the work is its adherency to the practical, indeed the practical in medicine is that in which the Americans excel. Why a thing is, may be first understood, possibly, in foreign laboratories, how a thing is best accomplished, is usually ascertained in America, therefore extraneous matter and discussion have been carefully excluded, and unnecessary material not allowed to cumber the text. The rapidly advancing methods and details in the past four years have necessitated a second edition of this work. New material has been added and the old changed to meet the new conditions.

The chapters upon technique and after treatment have been considerably enlarged inasmuch as the discussion of the preparations for each operation and the after treatment and management of the patient has been relegated to this section. Consequently considerable more space has been allowed to the discussion of individual operations. The following subjects have been rearranged, extensively altered, newly illustrated and generally improved: Surgery of the bladder, urethra, and ureters, plastic work and hysterectomy. For the benefit of those who have not seen the work we give the following contents: Examination of the female pelvic organs, the technique of gynecological operations, menstruation and its anomalies, sterility, anomalies of the female generative organs, genital tuberculosis, diseases of the vulva and vagina (non-malignant), inflammatory diseases of the uterus, laceration of the soft parts, genital fistula, distortions and malpositions, malignant diseases of the female genitalia, benign uterine neoplasms, pelvic inflammation, ectopic gestation, diseases of the ovaries, including tubal anomalies and broad ligament cysts, diseases of the urethra, bladder and ureters, after treatment in gynecological operations.

It is not enough to say that this work is well and fully illustrated, such a statement would give simply the quantity not the quality of illustrations. The plates

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and the illustrations are introduced not for the sake of taking up space, but rather for the lucidating of the text and make clear the procedures advocated. Perhaps in no other particular do American works excel those published in Europe in a greater degree than in the character and discriminating value of the illustrations. The typographical make up and size of the volume, are in consonance with other text-books of the American series.

This member of the series is more uniform than some of the other volumes, in as much as Dr. Baldy in his capacity as editor-in-chief has endeavored by adding to and substracting from individual opinion, to render the volume a consistent and yet weighty production in this important, and in our day, popular branch of surgery. The book as a whole would be better adapted to the senior student or to the active practitioner than many of the exhaustive treatises upon these subjects. It presupposes an acquaintance with the anatomy and physiology of the organs as well as pathology of the disease discussed, however, in order to render the discussion complete and intelligent, the essentials of normal and abnormal anatomical structures are briefly yet succinctly considered.

A CLINICAL TEXT-BOOK OF MEDICAL DIAGNOSIS FOR PHYSICIANS AND STUDENTS BASED ON THE MOST RECENT METHODS OF EXAMINATIONS. By Osward Vierordt, M. D., Professor of medicine at the University of Leipzig; late professor of medicine and director of the medical polyclinic at the University of Jena. Authorized translation with additions by Francis H. Stuart, A. M., M. D., member of the Medical Society of the county of Kings, fellow of the New York Academy of Medicine; member of the British Medical Association; ex-president of the Brooklyn pathological Society; Obstetician to the Brooklyn Hospital, etc., Fourth edition, from the German, revised and enlarged, with one hundred and ninety-four illustrations, revised and enlarged; W. B Saunders, 925 Walnut, 1898. Price $4.00 cloth. $5.00 sheep or half mor.

Vierordt's work is an acknowledged classic; it is not only a veritable mine of information, but is one of the best works ever offered to the profession on this subject. Probably the fundamental principle of *individualizat on*, of carefully observing all the symptoms and appearances, and not depending too much on the new and fine methods of diagnosis, has not a little to do with both the value and the popularity of this work. The object of such works as these is to furnish the physician with the means of making a correct diagnosis. To do this one must not look at one set of signs alone, he must comprehend the totality of the symptoms. Vierordt is in this respect broad, and at the same time exact in details. It is a curious fact, the better we understand anatomy and physiology the more we see. Symptoms that before had escaped notice, now are as plain as day. Hence the necessity of attention to even such a painstaking work as Vierordt. This edition has been considerably altered in the sections on gastric digestion and the nervous system. The translation by Stuart is enlarged by additions inserted to make it more acceptable to the American people, and what is unique for translations there is a very full and complete index covering 50 pages.

The book is divided into three parts. Part I deals of the anamnesis, and gives the plan of examining patients.

Part II is devoted to the general examination; taking note of the psychical condition, and position of the patient, structure of the body, nutrition, weight, skin and cellular tissue, pathological appearance of general diagnostic value, and temperature of the body. The special part is devoted to examination of the respiratory, circulatory, digestive, urinary and nervous systems. In spite of the fact that the work is so general, it is of recognized merit on all the themes discussed as acknowledged by specialists in any line. A well known neurologist stated to the reviewer, that Vierordt's book was " an excellent work on clinical diagnosis, especially upon the nervous system" and so on to the end of the chapter, the men best qualified to judge, are the ones who praise it most. This is in consequence

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of the verdict of a distinguished professor of medicine who said to the translator "I have never read a medical work from which I derived so much profit as from Vierordt."

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS AMD PHARMACOLOGY. By George Frank Butler, Ph. G., M. D., Professor of Materia Medica in the College of Physicians and surgeons, Medical department of the University of Illinois; Professor of General Medicine and Diseases of the Digestive System, Chicago Clinical School; Attending physician to Cook County Hospital, Member of the American Medical Association, Illinois Medical Society Chicago Medical Society, Chicago Pharmacological Society. and Chicago Society of Internal Medicine; Fellow of the Chicago Academy of Medicine, etc., Second edition, revised. Philadelphia, W. B. Saunders, 925 Walnut St., 1898. Cloth $4.00, ½ mor. $5.00

Butler's Materia Medica and Therapeutics has received the high compliment of a call for a second edition within two years after its first publication. Its plan—the furnishing of a concise, systematic, discriminating resumé of standard and accepted remedies—and that too in a manner adapted to the classroom—has proven to be successful.

The pharmaceutical feature is unusually clear and complete. Butler gives two great classes of remedial agents. "I. Those used in cases which cannot be relieved by a single dose of any remedy, but require repeated and prolonged adminstration." These he styles Disease or Organ Medicines, "II. Those employed in cases which are susceptible of immediate relief by the exhibition of a single one." These he calls Symptom or functional Medicines. The sub classifications are along the usual lines. The new chapter on the outward action of drugs, with its tables, is a most excellent addition.

There are six pages of tabular statement. Arsenic for instance has the following possible unhappy results: "*General:* Fever, gastralgia, nausea, bulimia, salivation, profuse sweating, diarrhea purpura. *Brain and Cord:* Vertigo, ataxic symptoms, local anesthesia. *Eye, ear throat:* Eyelid edema, glottis edema, catarrh, amblyopia, tinnitus. *Skin:* Vesicles, pustules, papules, erythema, urticaria, purpura. *Liver Kidney and Bladder:* Dysuria, icterus, hematuria, glycosuria, cystitis, albuminuria." As this information is correctly presented in this manner, it may be able to give an inkling to obscure symptoms, especially in these days of counter prescribing and self-medication.

AN AMERICAN TEXT-BOOK OF GENITO-URINARY DISEASES, SYPHILIS AND DISEASES OF THE SKIN. Edited by L. Bolton Bangs, M.D., consulting surgeon to St. Lukes Hospital, etc., etc., New York, and W. A. Hardaway, M. D., professor of diseases of the skin and syphilis, in the Missouri Medical College etc. Illustrated with 300 engravings and 20 full page colored plates. Philadelphia. W. B. Saunders. 1898.

The contributors to this work include many of the most distinguished writers, teachers and original observers upon the subjects matter included in its title in America. But many men do not do good work when it is due for hire. Unfortunately the limit of space and I suspect the limit of pay allowed to the individual by the publishers created a spirit of discontent in the writers, prompting in some instances an almost direct apology for the article written. The work of the very distinguished surgical editor is conspicuous by its absence. A case I think of obtaining money for the book under false pretenses. The articles upon "Diseases of the Prostate," "Diseases of the Bladder," "Vesical Calculus," and "Diseases of the Ureters," are finished and a crédit to the writers and publishers. That upon the "Diseases of the Male Urethra" should have been re-penciled by the editor to about the fourth of its space then, having the fact that its author does not seem to have profited very much by the experience of the last decade in the treatment of gonorrhea, it would be a valuable article which one could consult without losing time. Taken as a whole the surgical part of the work is of great value to the

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specialist, but cannot be recommended to students or general practitioners. The portion of the book devoted to "Diseases of the Skin" is an example of a composite work in which the editor has contrived to establish a very fair unity. Detached from its sick twin it would make a very good text-book, and is certainly an excellent work of reference. The mechanical work of publication is excellently done, both in the typographical finish and the illustrations.

AMERICAN POCKET MEDICAL DICTIONARY. Edited by W. A. Newman Dorland, A.M., M.D., assistant obstetrician to the Hospital of the University of Pennsylvania, fellow of the American Academy of Medicine, etc., containing the pronunciation and definition of over 26,000 of the terms used in medicine and the kindred sciences, along with over 60 extensive tables. Philadelphia. W. B. Saunders, 925 Walnut St. 1898.

This pocket lexicon accomplishes to a greater degree than has been heretofore attained the two qualities of conciseness and completeness. The dictionary is strictly up to date, brief yet adequate in definitions. Considerable matter has been presented in tabular form which will present correlated facts in a convenient form for quick consultation. It is neatly gotten up, legibly printed, handy and cheap. The size is such as to be readily carried in the pocket and is about the bulk and shape of the physician's ordinary visiting list. It contains about twice as much matter as is usually found in pocket dictionaries.

A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers DaCosta, M.D., Clinical Professor of Surgery, Jefferson Medical College, Philadelphia; Surgeon of the Philadelphia Hospital, etc., with 386 illustrations, Philadelphia. W. B. Saunders, 925 Walnut St., 1898. $4.00 in cloth, $5.00 ½ morocco.

The aim of this book being to present the fundamental principles of surgery clearly and without perplexity necessitates a volume somewhere between the large encyclopedic text-books and the too condensed compends. The importance of the subject and the great extent of the matters discussed have compelled however a book of over 900 pages. Obsolete and non-essential methods and hypotheses are not discussed at all. The specialties in surgery, ophthalmology, gynecology, rhinology, otology and laryngology are not considered. Orthopedic surgery in these conditions properly coming before the general practitioner receive attention. Fractures, dislocations, and operative surgery are considered in detail. The new subjects described in the second edition are: Resection of the Gasserian Ganglion; Methods of Gastrotomy; Schede's Operation of Thoracoplasty; Use of the Murphy Button; Various Methods of Enterorrhaphy; Bodine's Method of Colostomy; Prevention of Hemorrhage in Hip-joint Amputation by MacEwen's Method of Aortic Compression; Edmund Owen's Operation for Harelip; Senn's Method of Resection of the Shoulder-joint. There are also new sections on the surgery of the liver, gall bladder, the spleen, the pancreas, female breast, wounds inflicted by modern projectiles, electrical injuries, and the use of the Roentgen Rays.

The revision and the additional matter has been quite an improvement, and make DaCosta' Modern Surgery a very respectable rival of any single volume book on that subject. The section on anesthesia is well written, the points well brought out, especially vaso-motor paralysis and paralytic distension of the heart in chloroform narcosis. As these two conditions demand opposite postural treatment it is most essential to differentiate them quickly and absolutely. He also recommends for short operations, primary anesthesia. He advocates the Allis ether inhaler; of course this is the standard instrument, but, this drug can be far better administered by some of the American modified Clover inhalers, which if once used by an anesthetizer will never be abandoned for the Allis instrument or the ordinary cone.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of October, 1898*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	75	60	68	0
2	71	49	60	0
3	69	48	58	0
4	78	48	63	0
5	84	52	68	0
6	79	49	64	0
7	76	50	63	0
8	70	56	63	0
9	72	51	62	0
10	80	51	66	0
11	78	56	67	0
12	86	48	67	0
13	84	52	68	0
14	78	50	64	T
15	74	54	64	0
16	86	51	68	0
17	91	58	74	0
18	83	50	66	0
19	78	53	66	0
20	81	49	65	0
21	76	48	62	0
22	69	56	62	0
23	68	53	60	.08
24	84	52	68	.01
25	90	53	72	0
26	87	57	72	0
27	78	46	62	0
28	74	45	60	0
29	79	46	62	0
0	69	47	58	0
31	69	51	60	
Mean	..	..	65	

SUMMARY

MONTHLY RANGE OF BAROMETER:
Mean Atmospheric Pressure, 29.97.
Highest pressure, 30.12, date 24th.
Lowest pressure, 29.79, date 18th.
Mean Temperature, 65°.
Highest temperature 91°, date 17.
Lowest temperature 45°, date 28.
Greatest daily range of temperature 38°, date 12.
Least daily range of temperature 13°, date 22.

MEAN TEMPERATURE FOR THIS MONTH IN

1878		1885	66°	1892		64°
1879	66°	1886	60°	1893		63°
1880	63°	1887	66°	1894		66°
1881	61°	1888	66°	1895		66°
1882	63°	1889	66°	1896		65°
1883	62°	1890	68°	1897		62°
1884	63°	1891	66°	1898		65°

Mean temperature for this month for 21 years, 64°
Average excess of daily mean temp. during month 1°
Accumulated excess of daily mean temp. since Jan. 1, 349°
Average daily excess since January 1, 1°.
Prevailing direction of wind, West.
Total movement of wind, 2,472 miles.
Maximum velocity of wind, direction, and date, 24m, W, the 1
Total Precipitation, 09
Number of days with .01 inch or more of precipitation, 2.
Mean Dew Point, 49 per cent.
Mean Relative Humidity, 72 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881	.82	1887	.12	1893		.75
1882	.05	1888	.36	1894		.02
1883	1.47	1889	6.95	1895		.24
1884	.30	1890	.03	1896		1.30
1885	.26	1891	.00	1897		2.47
1886	.01	1892	.33	1898		.09

Average precip'n for this month for 21 years, .74 inches
Total deficiency in precipitation during month, .65 inches.
Total precipitation from Sept. 1 1898, to date, .11 inches.
Average precipitation from Sept. 1 to date, .82 inches.
Total deficiency from Sept. 1, 1898, to date, .71 inches.
Average precipitation for 7 wet seasons, 25 97 inches.
Number of clear days 18, partly cloudy days 13, cloudy days 0.
Dates of frost, none.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., OCTOBER, 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cl'dy	WIND Direc'tion	Total Mov't
Los Angeles	65.	91.	45.	29.97	72.	2	.11	18	13	0	W	2,472
San Diego	62.	81.	51.	29.98	78.	0	0	27	2	2	NW	3,546
Santa Barbara	61 8	87.	48	....	93.	1	.14	19	8	4	W	2,473
Yuma												
N. Ontario	66 0	93.	44.				.28	26	4	1		
Pasadena	70 3	91.	52.				...	29	0	2	W	
Redlands	69 0	99.	41.				.01	22	6	3	W	
Riverside	68.1	100.	41.			0	0	25	6	0	W	
Santa Ana	69 2	89.	50			0		31	0	0	SW	
San Bernardino	64.4	97.	38.				.03	21	9	1	W	

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter. U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal,

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 — *October, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
Deaths from all causes	118	13.74	64	54	25	5	54	34	109	0	3
Deaths under 5 years	27										
i. Specific infectious diseases	10	1.16	4	6	3		4	3	10		
ii. Diseases of the digestive system	13	1.51	8	5	8	1	1	3	11	1	1
iii. Diseases of the respiratory system	32	3.72	19	13	3	1	14	14	28	2	2
iv. Diseases of the nervous system	15	1.74	9	6	2	2	5	0	15		
v. Diseases of the circulatory system, blood and ductless glands	20	2.33	9	11	3		12	5	20		
vi. Diseases of the genito-urinary organs	9	1.05	5	4			7	2	7	2	
vii. Constitutional diseases	0	60	2	4	2	1	3		6		
viii. Intoxication, violence, accidents	4	46	2	2			4		4		
ix. Miscellaneous diseases	9	1.05	6	3	4		4	1	8	1	
i. Septicæmia	1			1				1	1		
Pyæmia											
Diphtheria											
Erysipelas											
Typhoid fever	5		4	1	1		2	2	5		
Malarial Fever											
Scarlet fever											
Measles											
Pertussis	1		1		1					1	
Cerebro-Spinal Meningitis	1			1			1		1		
Small Pox											
Tuberculosis	1			1			1		1		
Influenza											
Dysentery											
Syphilis											
Tetanus	2			2	2				2		
Carbuncle											
Anthrax											
ii. Diseases of the Œsophagus											
Gastritis											
Gastro-Enteritis	5		3	2	5				4	1	
Cholera infantum	1			1		1			1		
Peritonitis											
Entero-Colitis	6		5	1	3		1	2	5		1
Appendicitis											
Typhilitis											
Intestinal obstruction											
Diseases of the liver	1			1				1	1		
iii. Membranous Croup											
Bronchitis	2		1	1	1			1	1		1
Pneumonitis	3		2	1	1		1	1	3		
Pleuritis											
Phthisis	27		16	11	1	1	13	12	24	2	1
iv. Diseases of the brain	13		8	5	1	2	4	6	13		
Diseases of the spinal cord											
Neuritis											
Eclampsia	1			1	1				1		
Epilepsy											
Neurasthenia	1		1				1		1		
v Diseases of the Heart	19		9	10	3		11	5	19		
Degeneration of the Arteries											
Aneurism	1			1					1		
Anæmia											
Diseases of the Ductless Glands											
vi. Uræmia											
Acute Bright's Disease											
Chronic Bright's disease	3		1	2			2	1	2	1	
Nephritis	5		4	1			5		4	1	
Diseases of the Genito-Urinary Organs	1			1				1	1		
vii. Rheumatism											
Diabetes											
Inanition	3		1	2	2		1		3		
Senility and Asthenia	3		1	1		1	2		3		
viii. Alcoholism	1		1				1		1		
Suicides											
Violence and Accidents	3		1	2			3		3		
ix. Tumors—malignant	3		2	1			2	1	3		
Tumors—non-malignant											
Other diseases	6		4	2	4		2		5	1	

L. M. POWERS, M.D., Health Officer.

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OUR ADVERTISERS.

THE EXTERNAL USE OF SALICYLIC ACID.

A point of much importance, which has been overlooked in the use of salicylates in the treatment of rheumatic and neuralgic conditions, is the external application of the remedy. The efficacy of this procedure is at once apparent to the practical and progressive physician, since thereby he can apply the drug directly to the parts affected, so that by this method the disturbing effects of internal medication upon an irritable stomach and sensitive nerves can be entirely avoided.

Some of the most eminent French physicians have ascertained by extensive clinical experimentation that the salicylates, and especially the salicylate of sodium, dissolved and used as a liniment, when applied to the fleshy part of the thigh where the skin is of delicate texture, are rapidly absorbed and slowly eliminated, thus securing the full potency and value of the remedy with the least disturbance and irritation to the alimentary tract.

The internal administration of any one of the Tongaline preparations as indicated, given at short intervals, and each dose washed down with plenty of hot water, as hot as the patient can bear it, may be supplemented by the local application of Tongaline liquid. In this manner the therapeutic effects not only of the salicylate of sodium but of the other ingredients of Tongaline are felt very promptly and to such an extent that the acute pains of rheumatism and neuralgia are quickly allayed and the patient enabled thereby to obtain refreshing and tranquil sleep. While the strong eliminative action of Tongaline by being used both internally and externally speedily induces the desired results.

INSTRUCTIVE EXHIBITS.

"One of the chief attractions at the annual gatherings of The American Medical Association is always the exhibition hall, where the principal drug, instrument and food products of the world, the results of years of experimental research and labor, are placed in view."

"Among the many attractive exhibits at this year's Denver meeting, that of IMPERIAL GRANUM, recognized by many leading physicians as the standard among prepared foods, occupied a prominent space and the representative in charge was kept busy explaining to the visiting physicians the superiority of this preparation. Handsome sample boxes of the FOOD, and copies of The Imperial Granum Co.'s valuable clinical record, were presented to each physician in attendance."—From THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, Chicago.

GONORRHEA, GLEET AND LEUCORRHEA.—Kennedy's white pinus Canadensis gives perfect satisfaction in gonorrhea and gleet, have used it in cases with in the last six months that resisted all other remedies. Have also used it successfully in cases of leucorrhea and ulceration of the os uteri. I am highly pleased with its effects, and certainly recommend it to the profession. The white is preferable—leaving no stain on the clothing—J. R. WILCOX, M. D., Colorado Springs, Colo.

The pivotal feature of the PEPTOGENIC MILK POWDER and process, is the physiological conversion of the caseine, an expedient far more effective, natural and convenient than any hitherto devised, which makes possible the construction of an artificial human milk, by carrying out all the important modifications indicated by the results of comparative analysis.

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AN ALL-ROUND UTERINE TONIC.—I have found Dioviburnia, presented by the Dios Chemical Co. of St. Louis, to meet the most exacting requirements of a general all-round uterine tonic. and know of no other preparation on the market to fill all the requirements so well. I have used it in a case of chronic uterine trouble following a miscarriage in which the patient, a multipara past forty years of age, had been a sufferer with uterine trouble for over fifteen. Countless other remedies had been tried until the patient almost despaired of recovery was about to go under an operation when Dioviburnia was tried, acting almost like magic. I have found it equally satisfactory in several other cases of chronic uterine trouble, and find it where given a fair trial an invaluable assistant. THOS. J. ARUNDEL, M. D.
202 N. Fruit St., Youngstown, O.

Dr. Otto Juettner, of Cincinnati, reports the following as the best treatment in rectal ulcers:

Micajah's Wafers, ii.
Ol. Theobrom, q. s.
M. Sig. suppos, iv.

One every evening followed by a warm rectal irrigation next morning. The proctoscope should be used twice every week and the ulcer inspected. Of course the above directions can be modified and adapted to individual cases.

Dr. N. Allen Heaton, Washington, D. C., writes "S. & D's aseptic syringe has been adopted by the surgeons of the New York Hospital.

"It is far superior to any upon the market, and will do more to assist and advance hypodermatic medication than any single improvement of which I am at present aware."

THE SENSIBLE TREATMENT OF LA GRIPPE AND ITS WINTER SEQUELÆ.

The following suggestions for the treatment of la grippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness gives a five grain Antikamnia Tablet, crushed, taken with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single ten grain dose is followed with almost complete relief. If, after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are Antikamia and Quinine Tablets, each containing 2½ grains Antikamnia and 2½ grains Quinine. One tablet three or four times a day, will usually answer every purpose until health is restored. Dr. C. A. Bryce, Editor of "*The Southern Clinic*" has found much benefit to result from five grain Antikamnia and Salol Tablets in the stages of pyrexia and muscular painfulness, and Antikamnia and Codeine Tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

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SOUTHERN CALIFORNIA PRACTITIONER.

VOL. XIII. LOS ANGELES, DECEMBER, 1898. NO. 12

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ORIGINAL.

EPILEPTIC INSANITY.*

BY JAMES H. MCBRIDE, M.D., LOS ANGELES, CAL.
LATE PROFESSOR NEUROLOGY CHICAGO POLYCLINIC, FORMERLY SUPERINTENDENT MILWAUKEE HOSPITAL FOR INSANE.

Epileptic insanity is an old subject but I trust it may be none the less interesting because of its age; indeed the importance of a knowledge of it has only become clearly apparent since in recent times we have been made acquainted with the natural history of the disease.

I suppose that in this society an essayist is expected to report the results of his own experience and though I shall this evening treat of a pretty large subject what I say will be either a relation of my own experience, or will be of those things that my experience has confirmed.

Every physician meets with cases of epilepsy, and therefore, if not with cases of actual epileptic insanity, certainly with those slighter degrees of mental weakness or mental disease that develop sooner or later in nearly all cases of chronic epilepsy. The general practitioner is liable to meet with these cases before the specialist, for as the family physician his attention will first be called to the eccentric and strange conduct of those developing epileptic insanity. For him, therefore, epileptic insanity has a special interest, and he is fortunately forearmed if he is able to recognize the significance of its early symptoms and is able to warn friends that any degree of epileptic insanity makes the subject of it a dangerous person.

Epileptic insanity partakes in some degree of the nature of epilepsy itself in being paroxysmal and explosive, the epileptic insane being especially liable to attacks of violence which are as sudden as they are dangerous.

It is not possible to consider epileptic insanity separate from epilepsy itself as the mental disorder is part of the epileptic disease. The immediate or proximate

* Read before the Pasadena Medical Society, Oct. 15, 1898.

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cause of the epileptic fit has been the cause of much speculation and many a card-house of theory has been erected to explain it. The theory now accepted is that it is due to a sudden and violent discharge of nerve force. It is the function of nerve cells to store up and expend force. Normally this discharge only takes place in response to an adequate stimulus. In the epileptic condition, however, the discharge occurs without any proper stimulus, and unlike the normal discharge which is directed along certain channels to accomplish a definite purpose, it is diffused, disorderly and violent. It was formerly held that the proximate cause of the fit was cortical arterial spasm, but if this spasm occurs it is probably secondary to the cortical discharge mentioned. A condition precedent to the occurrence of the epileptic fit is an instability of the cortical nerve cells whereby the discharge takes place. Back of this instability, too, there is probably in most if not all cases a defective nerve organization which makes the epilepsy possible and makes possible also the brain degeneracy which accompanies it. In this view then the mental failure seen in epilepsy is not wholly due to the fits but in part, and in some cases largely due, to that brain degeneracy to which the epileptic person was predestined by a bad inheritance. My own experience with the insane long ago convinced me that there are few people who become insane who were not born with brains badly, unstably organized, insanity usually being a natural and inevitable result of a defective brain organization. This is not saying that such people are inferior mentally (though many are so), still many intellectual people become insane. But intellectual and even brilliant people may have unstable brains, and it is the unstable brains that are wrecked by the storms of life. The same law holds, I assume, in the epileptic and there are probably few people subject to epilepsy who were not born with defects and twists of organization that made the epilepsy a necessary phase in the cycle of their mental history.

It will be interesting to consider for a moment the mechanism of the discharge exhibited in epilepsy. If I pile a number of books on top of each other each book will, when put in place, represent just the amount of energy that I expended in lifting it, and if it falls it will give out that amount of energy in the form of heat, molecular motion, atmospheric vibration. In lifting the books I stored up energy, in their fall this energy is expended. This illustrates the physics of the brain cells. Nerve-cells are composed of molecules and atoms, the molecules being collections or nests of atoms. The molecules are associated in two's, six's, ten's, etc., according to the complexity of the cell structure and their relations are subject to incessant change in the processes of function. The invisible servants of vitality are ever at work within the laboratory of the cell placing these tiny molecules and atoms in complex relations and in unstable positions from the fall or explosion of which nerve energy is set free. That is, the vital processes when they lift them into unstable positions store up in them the energy expended in lifting them, and when upon an appropriate stimulus they fall back, as my books did, into simple compounds, they give out that stored-up energy. This is briefly and imperfectly the mechanism of normal cell action, and morbid action conforms to the same law. In epilepsy there is this same molecular disruption, a disintegration of cell structure with the result, not of the orderly and purposeful discharge of health, but violent and disorderly discharge. The path of the discharge varies so that the phenomena of epilepsy may be either psychical or motor.

There are different forms of the epileptic seizure or different degrees of manifestation of what is probably the same disease. These different manifestations of the disease may be arranged as follows: The ordinary major attacks with which

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all are familiar, which the French have called *grand mal*. Then the minor attacks which the French have called *petit mal* or little fit. These minor fits have also been called cerebral epilepsy, or mental epilepsy, and though some make a distinction between the *petit mal* and mental epilepsy, the distinction is technical rather than practical. Jacksonian epilepsy is the name for localized fits due to local organic conditions. Fits that occur at night and called nocturnal may be either the major or minor form.

The epileptic aura, as being sometimes mental in form, deserves mention when speaking of epileptic insanity. It is, as you know, a sensation or motion or mental impression that precedes an oncoming fit. In some cases there is a feeling as of some one's breath being blown in the face, or there may be nausea or pain in epigastrium, or there may be a numbness or tingling in a hand or arm. It may be a feeling as if a limb had been severed, or the patient may turn around or run some distance. Special sense auræ are common, as disagreeable odors, tastes, or noises, such as hissing, whistling, music or ringing of bells.

Concerning light there may be flashes of light, ugly animals, horrible forms, brilliant scenes.

The visions of Swedenborg and Mahomet are confirmatory of the belief that they were epileptic and owed their visions to its creations. A patient about whom I was consulted had just before each fit momentary blindness in the two right visual fields. A patient once said that before a fit he had a horrible smell of green thunder, a picturesque description of the involvement of three senses. In some patients there is a recurrence of some emotion or idea at the oncoming of a fit. In one the same idea always occurs, in another a feeling of fright or terror.

There is yet no known pathology of epilepsy though there is hardly any pathological condition of the brain tissue that has not at some time been considered the basis of epilepsy. Whatever that pathology is, from our present knowledge epilepsy is made possible only when there is induced by it that instability of cortical cells spoken of. This may be produced by traumatisms, tumors, local hemorrhages, blood states, peripheral nerve injuries, etc. Dr. Bevan Lewis claims to have found degeneration of the nucleus of the cortical cells and as the nucleus is presumably the controlling center of the cell he assumes that the epileptic fit is due to the loss of the cell-controlling center. Dr. Ohlmacher, of the Ohio State Hospital for Epileptics, has very recently found in a large number of autopsies on epileptics that in every case there was a persistent thymus gland and in a majority of the cases there was a narrowing of the arteries and hypertrophy of the lymphatic glands. It is not improbable that the doctor is on the track of conditions that will mark an era in our knowledge of the pathology of epilepsy. At different times authorities have claimed that an overgrowth of cerebral neuroglia was probably the pathological basis of epilepsy, but any sclerosis that exists is probably a result and not the cause of the disease.

Let us consider this a moment. The ruinous effects of the epileptic seizures upon the finer structure of the brain is apparent when we consider the delicacy and fineness of the ultimate anatomical elements, and that beside these there are myriads of undeveloped elements, waiting in their embryonic state, for the call of function to organize their relations, and discipline their powers to delicate and complex capacity. The violent and brutal discharge of the epileptic convulsion not only fills up the well worn channels of function, but spreads out as a ruinous flood of energy over those yet unorganized and delicate nerve tracts, destroying one by one their fine relations and thus by exhaustion and repeated disruption of structure checking further development of the brain.

The arrest of growth and the degeneracy thus initiated are, if the fits continue,

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progressive and general. The disappearance of the nerve tissue proper involves, however, a pathological necessity, that of the production of some form of tissue to take the place of that destroyed, and this is the origin of the sclerosis in this and other chronic cerebral diseases. Connective tissue, of which neuroglia is a special form, is a lowly organized tissue having simply the passive function to perform of holding together the higher structures. In lower animal forms we find relatively more neuroglia in the central nervous organs; and as we ascend in the animal series it diminishes in proportion as the nerve elements proper increase; that is, nature gradually learns to dispense with this inferior tissue and replaces it with that of higher order. It is thus that she is able to pack in the small box of our skulls, the fifty precious ounces of structure with the wonderful results exhibited in cerebral function. When, however, the highly organized tissues, like nerve cells and fibers, disappear through disease, their complex structure renders their reproduction impossible; and so neuroglia having simple structure and low organization is produced to fill the place. Therefore we find in the brain of the senile, in those of the chronic insane, and in epilepsy there is an overgrowth of neuroglia because in the absence of the higher tissues it is supplied at a low cost of vitality. The meaning, then, of the morbid growth of cerebral neuroglia in epilepsy is that it is secondary to cell degeneracy, nature uses it to fill up the vacant spaces that decay has made.

Epilepsy does not produce any special form of mental disorder, as concerns the type of insanity. The epileptic insane may be depressed and morose, as is often the case, and subject to delusions, usually those of suspicion and persecution, others are violently maniacal; others become progressively weak minded, subjects of the hopeless epileptic dementia.

Epileptic dementia is doubtless familiar to every physician and is the result of chronic epilepsy. It is not necessarily preceded by any more active form of mental disorder. This form of dementia, while being in the main much like the terminal dementia of other insanities, has some special features that often suggest that it is epileptic in origin, though I confess these characters are not easy to convey in words. The bloated face and dull sodden expression associated with mild mental confusion and hesitating speech suggests an epileptic origin. In a large proportion of chronic epileptics dementia exists in some degree. At first there is slight dulling of the mental faculties, with faulty judgment, difficulty in grasping what was formerly easy to understand, failure of memory, and difficulty in fixing attention. These indicate commencing loss of mental vigor, the first step in the long descent of mental deterioration that leads to hopeless obliteration of the mental faculties.

In the extremest degree of mental degradation that results from epilepsy there is but the slightest trace of mind left; the patients take on flesh, grow dull and listless and are sluggish in movement; they only comprehend the simplest ideas and even these with difficulty. The destruction of the mind is as thorough as if the cortex had been cut away. There is in some of these cases a tragic exhibition of the mild and timid manners of a child in their helplessness, with occasional explosions of furious and destructive violence. There are many cases of epilepsy in which these attacks of violence never occur, however. They are timid and hesitating in manner, slow in movement, speech and comprehension, good natured, easily pleased and childlike. It is one of the most forcible as it is one of the saddest exhibitions of the dissolution of the brain by disease.

The mania of epilepsy, from whatever form of fit, is usually of the most furious and violent kind. There is nothing in the round of mental disorders that equals in brutal and destructive fury the mania of epileptics. They are utterly aban-

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doned to raving violence that nothing can check or turn aside for a moment. I had a man under my care some years ago whose father was an epileptic, whose sister had been insane, and who had himself been an epileptic from his fourteenth year. At the age of twenty-eight he had one of his usual fits and immediately became violent and was under my care during its continuance which was about three months. For six weeks he was continuously maniacal with the most terrifying hallucinations, screaming, crying for help, begging for mercy, attacking everyone that came into his room, and could only be calmed by drugs for short intervals. This maniacal condition passed away rather suddenly and he afterwards recovered and returned home. This particular attack seemed to produce no lasting bad effect upon his mental faculties and with the assistance of his wife he continued in the management of a business that brought him a fortune. The epileptic fits had, however, perceptibly weakened his mind previously. It is now thirteen years since the attack of mania and he has had no return of it though the fits continue. This illustrates the fact that is observed in many epileptics that there may be an outbreak of maniacal violence but once in a lifetime and which may last from a few hours to several weeks and the patient may go on having the fits and there not again in years or a long life be a recurrence of the insanity.

Epileptic insanity may precede a fit, take the place of a fit, or it may immediately follow it, and there are other cases in which the insanity occurs in the intervals of fits neither immediately following nor preceding one. The one most important feature of epileptic insanity is the tendency to violent homicidal acts. The epileptic is specially liable to vicious and criminal conduct, being irritable, suspicious and impulsive, and hence of all lunatics he is the most dangerous. Among the mental perversions preceding a fit may be irritability, moroseness and a desire to wander about alone refusing usual companionship or occupation. Those who are associated with an epileptic are often able to predict a fit from this condition. The epileptic will fly into a passion about some trivial matter, perhaps become furious and strike or violently attack some member of the family. Others are despondent and sometimes suicidal for a short time before the attack. Others have headache, are dull and listless. There are others who for a short time before a fit are elated and exalted, loquacious and egotistic and coarse in manner and conversation. After the recurrence of the convulsion there is a return to the usual mental state. The fit, therefore, is in some cases the end of a condition of mind that is actual insanity or on the border of it, the explosion of the convulsion seeming to clear the mind and restore it to its normal condition. In some cases a violent attack of transient mania seems to take the place of a fit or it may be said to be the fit expended in the psychical sphere. The character of the insanity is not modified by its time relation to the fit, that is by the fact that it occurs before or after a fit or in the interval.

Maudsley, in his work on "Responsibility in Mental Disease," mentions an epileptic who seeing a companion asleep in a field seized a stone and crushed his head, killing him instantly. He then fell down in a stupor in which he was found by persons passing. He was sent to an asylum and while there made a murderous attack upon an attendant. Eccheverria mentions a patient who on getting up in the morning after having a fit walked into his brother's room, seized a razor and cut his own throat in an attempt at suicide. On another occasion his sister asked him if he would have a cup of coffee when he rushed upon her with a knife. His brother entering the room found him leaning on a chair in an attack of cerebral epilepsy.

There is a condition called epileptic automatism which is frequently associated

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with the disorder and is of special interest. This condition may either precede a fit or follow it. It is sometimes shown in the way of doing silly things after a fit. For instance, one patient of mine after having a fit would undress himself completely and in doing this he would stand on one of the settees in the ward. When his clothing was all off he would begin to put it on but in the most bungling way, and always without success. He would put his pantaloons on wrong end up, put on his coat in place of shirt, then take them off and begin again. I once sat by and watched him for an hour work thus at his clothing. If he had been attacked with a fit in the street and then stripped himself, a justice court would probably have dealt harshly with him. Other patients run about kissing those they meet. Others steal and hide things. Eccheverria mentions an epileptic boy who enlisted as a sailor and only recovered consciousness in mid-ocean, having no recollection of his recent movements.

Hughlings-Jackson mentions a boy who had an attack of cerebral epilepsy in church and immediately took off his shoes; at another time while in church he began taking off his clothes. A female patient of mine after a fit would spend an hour or more in taking the bedding off of the beds and trying to "make them up" again. Dr. Jackson has published the account of a case which is specially interesting in this connection. The patient had both the major and minor fits and the automatism was observed after the latter. One day he remembered ordering his lunch but could not remember having eaten it and went to the dining-room and was told that he had already eaten. His landlady said he one day paid for his dinner, went away but soon returned and offered her pay the second time, not remembering he had paid her. At another time the family agreed that they would make their supper of cold fowl and cocoa. Soon after the patient being in the parlor alone felt a spell coming on and remembered sitting down. In a little while he was found in the kitchen standing by a table mixing cocoa in a dirty gallipot, half filled with bread and milk intended for the cat and stirring it with a mustard spoon which he had evidently got from the cupboard. He was told of this next morning but had no recollection of it.

It has been said that in this state the patients are unconscious, and in a sense this is probably true. It is consciousness perverted and acting on a lower plane, a plane too, on which normal consciousness cannot act. Consciousness is a variable quantity, there being many degrees of it in the normal state, from those processes that lie upon the borderland of sleep to those that play clear and vigorous in our most active mental operations. Morbid cerebral conditions like epilepsy degrade the order of normal mental processes and they do this by involving first the higher processes, that is those that are more complex, more delicate, more unstable, more easily disintegrated by disease. The result of this degradation of the highest structures is that the lower orders of association become active and the mental processes that are shown, are the exhibition of the brain working upon an inferior level, producing a consciousness of an inferior order. The lower levels or orders of mental action are those of instinctive acts, in which self-control is weakened or destroyed. These acts may be purposeless or silly or they may be in the line of animal gratification, or criminal, as pilfering or homicide. These instinctive tendencies exist potentially in every mind and when disease weakens the higher faculties that hold these tendencies in check then they act without restraint.

Concerning epileptic automatism it is important to remember that during its continuance there may be apparently sane and conscious acts of an intelligent and complex nature performed; there may be apparently intelligent conduct extending over several hours or days involving conversation, business transac-

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tions, traveling long distances, crimes committed, etc., and all this done when the patient is in an abnormal mental condition and of which he will on recovery have no recollection whatever.

The mental condition of epileptics during the intervals of the fits is by no means constant. Some are normal or nearly so between the fits, others showing various degrees of derangement. Some authors hold that it is in only a minority of cases that there is any mental failure in chronic epilepsy. This is not in harmony with my own experience, and the best recent authorities deny its correctness. My personal observation is that epilepsy almost always produces some mental impairment and in the majority of epileptics the impairment is decided. It is surprising how quickly the mind suffers from epilepsy in some cases. One young man who developed epilepsy from long overwork came to me within three months after having had his first fit, and yet he could see himself that his mental vigor was distinctly impaired. There are some chronic epileptics who attend to business successfully, and who to an untechnical observer would appear perfectly well and yet who have suffered considerable mental impairment. It is probable that you are all acquainted with such cases. The members of one's family are not always competent judges of the mental condition of an epileptic, as the mental deterioration is often so slow that associates fail to notice it.

There are other epileptics, who, while not showing actual insanity, show some departure from the normal state; they are irritable and morose in the interval of the fits, showing lack of normal sympathy and affection for relatives, lack of interest and ambition in occupation. Others, in whom the disease has made more progress, are subject to fits of passion or attacks of violence, or of delusions of suspicion and persecution.

Some epileptics may be quiet and orderly in their conduct and yet entertain delusions of persecution, making them dangerous to others; they may, however, and often do conceal their delusions, because they are suspicious and fear to confide in any one.

Epileptics are not infrequently morbidly self-conscious, having exaggerated ideas of their own importance and feeling themselves unappreciated and neglected. The epileptic, in this condition, is usually selfish and self-centered in all his plans; his interest is wholly in himself and his imaginary troubles. Being irritable and suspicious, he is on the lookout for slights and neglects; he misinterprets remarks and acts of others into intentional insults and builds extravagant delusions of personal wrong and insult upon the most innocent and trivial acts of others. They will lie in regard to their treatment by others, make false accusations of ill-treatment and exhibit self-inflicted bruises as evidence of the truth of their statements. Women will accuse husbands of immoral conduct and tell the most circumstantial and plausible stories of outrages attempted upon them. The lower grade of epileptics will show these characteristics with less artifice and less success at deceiving. The moral perversion of some of them is extreme, especially in regard to the sexual propensities, soliciting improper attention from men or other women in the most open and shameless manner.

I knew in 1869 and '70 a man who was an epileptic. He kept a village hotel, seemed a man of fair business sense, though was thought to be rather dull. Twenty-four years later I visited this village and found this man without property and without a home and chronically insane, entertaining delusions of persecution. He said to me that he had many enemies in the community, that they had robbed him of his property and had given him a bad name and that he had decided that the only way to stop their persecution was to hurt somebody and

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teach them a lesson. When epilepsy passes into chronic insanity, especially the delusional form shown by this man, the fits themselves may cease to occur. This shows how intimately the epileptic condition is related to general brain degeneration, and that the expression of it may be in fits, or in dementia, or in chronic delusional insanity.

In *mental* or *cerebral* epilepsy there is as the only outward indication of the fit, often a sense of vertigo and faintness with facial pallor; in others there is no vertigo, but pallor and twitching of facial muscles; in others temporary confusion and a momentary pause in work or conversation. The mental processes are temporarily arrested, the patient, if busy, stops for a moment and then takes up the conversation or work. In some cases there is a vacant stare for a moment with a lapse of consciousness.

A French jurist was subject to these attacks and would leave his seat in court, walk out of the court room, wander about for a few moments and return and continue his duties. Following these attacks there may be and often are periods of confusion or insanity lasting from a few minutes to days and during their continuance patients may wander away from home, steal and hide various articles, or under the influence of hallucinations commit homicide or arson. Some epileptics during this stage desire to kill some one or set fire to buildings. A patient of mine who developed cerebral epilepsy from overwork, said one of his morbid fancies was that he must burn the church building in which he officiated as pastor, and he actually tried to do so twice but failed. In the only attack I saw him have he became violent and remained so for half an hour. Naturally he was a gentle and mild mannered man. After passing through this attack of excitement, which lasted a day, he gradually improved, regained his health, without any recurrence of the violence. He died of typhoid fever four years subsequently and during the interval of four years he had no recurrence of the epilepsy or of mental disorder.

Following these attacks of cerebral epilepsy there may be perfect lucidity and continuance of usual occupation or there may be confusion or mental derangement. The patient may wander away from home, commit thefts or other crimes such as I have already detailed. A man was under my care some time ago who had been from boyhood subject to cerebral epilepsy. He was considered harmless and lived at home. One day he suddenly became furious and killed his brother with an ax. He refused to give any explanation of the crime, but there is no doubt that he did the act in an attack of epileptic fury. These seizures that last only a moment and may pass unnoticed for a long time may be followed by attacks of the most furious violence. Lewis mentions a man who, during the night, thought he saw two burglars attacking his wife and he ran for a hatchet. He remembered nothing after that but was subsequently found wandering in the street with a bloody hatchet in his hands with which he had killed his wife. It was believed he had a hallucination during an epileptic seizure and had killed his wife thinking he was attacking a burglar. These attacks are sometimes associated with unpleasant or even terrifying hallucinations that drive the victim to fury and violence. The patient sees some one striking at him with a knife, he hears some horrible accusation from an enemy and becoming desperate he rushes upon and attacks the first person he meets. In this state a man ran through the streets in New York some years ago stabbing everyone he met, seriously injuring several persons. This form of epilepsy may precede the usual major fits or it may replace them or occur in the intervals of other fits. Some have these at rare intervals and minor fits more frequently. This latter form of epilepsy causes more rapid failure of the mental powers than any other kind of

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fit. Fitful brilliancy of mental powers has been associated with this form of epilepsy. Swedenborg and Mahomet who were both subject to this and the usual form of the attack are instances. The extravagance and visionary character of their belief is in harmony with the self-centered consciousness of the epileptic whereby he magnifies his personality and exaggerates all impressions, being especially subject to hallucinations o the senses.

Nocturnal epilepsy may be either the major or minor form. It is thus named, of course, from its occurring at night and it may exist for a long time unsuspected by patient or friends. Some years ago I was called to see a little boy of nine years who had for some time and on many occasions attacked his younger brother while they lay in bed at night. Repeated punishing having done no good and the boy showing some mental peculiarities, they requested me to examine him. I learned he sometimes complained of headache on the day following the scenes with his brother and was dull and indisposed to play and also alleged he had no recollection of hitting his brother. His mother stated that he passed his urine in bed quite frequently. Suspecting epilepsy, I had him watched and my suspicions were confirmed. Some months later he had attacks during the day of cerebral epilepsy and was invariably violent afterwards. He became an epileptic imbecile, his mental development being arrested by the fits, and is now, at nineteen years of age, in an asylum. His younger brother afterwards had epilepsy, and arrested mental development.

The nocturnal epileptic fit may occur without waking the patient from sleep. Sometimes there is the initial cry and convulsions, at other times these are not observed and in some cases they are never observed. The patient, however, is almost certain to have morning headache, feeling dull and usually irritable. The face will be flushed or bloated and with minute petechiæ on face and neck, and sometimes with sore tongue, the result of its having been bitten during the fit. The urine is not infrequently passed in bed at the time of the fit. Stains of blood and saliva are also occasionally found and are important confirmatory evidence of a fit. Nocturnal epilepsy is very injurious to the mental faculties, and especially in children it produces early arrest of mental development. All forms of epilepsy are much more injurious to children than adults. The delicate and imperfectly organized cerebral structure is rapidly impaired in function and arrested in growth by the violent and repeated shocks of the fit. Epileptic somnambulism occasionally follows the nocturnal seizure and in fact all the phenomena observed to follow the diurnal fit may be observed in these. Patients attack others sleeping with them or in an adjoining room, or get up and walk some distance performing apparently intelligent and conscious acts and return to bed without regaining consciousness. Trousseau said that all nocturnal accidents should suggest epilepsy. Morel, Echeverria and others have published many cases in which nocturnal epilepsy had led to crime.

There are certain characteristics of the epileptic insane that deserve special mention. The striking characteristics are their irritability, their moodiness, suspiciousness and impulsiveness. Except those that are far advanced in dementia the subjects of epilepsy are irritable. It seems to be one of the chief results of the epileptic habit to reduce the person to a reflex machine, and he therefore reacts to impressions without thought and often with violence. Intimately associated with this condition is impulsiveness. Of all insane people the epileptic are the most impulsive. As their mental reflexes are exaggerated and their self-control weakened they are controlled by feeling and passion. Combine with this their characteristic suspiciousness and you have about as dangerous a person as pathology can create. Their irritability is especially marked at about

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the time of a fit and the utmost tact is necessary in managing them. This characteristic of epilepsy was impressed upon me in my early experience in an insane hospital when one day I placed my hand upon an epileptic's shoulder, when his back was turned to me, intending to speak to him, he turned and struck me in the face before I could speak. He instantly regretted the act, expressed sorrow and said he acted without thinking, which was probably true. An abrupt remark, or a touch, or some one entering the room unexpectedly may in some epileptics cause a fit or may excite them to an act of violence, simply because the sudden impression is made upon a weakened and irritable mind reduced to the condition of automatism.

A shoemaker who was an epileptic suddenly attacked his little daughter with a knife, she having startled him by entering the room suddenly. Epileptics who have ideas of suspicion or of persecution in the intervals of fits, are pretty certain to have them in an exaggerated degree, at about the time of a fit, and are then particularly dangerous. The moodiness of epileptics is another of their characteristics, as it is also a trying one to those who are with them. There is not an exhibition of emotion, not a variation of the human spirit which the epileptic may not show in a single day, from the gay and gentle cheerfulness and affectionateness of a child to the depression of the melancholiac, the moroseness and sullenness of a chronic criminal, or a confident and swaggering boastfulness, cunning revengefulness against supposed enemies and lying accusations, attacks of boisterous laughter, profound attacks of hysteria or fits of crying or loud screaming. I recall an epileptic woman of twenty-six who developed hemiplegia during her first fit while recovering from scarlet fever at ten years of age. One arm and one leg were much shortened owing to arrest of development of the hemisphere. She had, as many defective or inferior people have, an exceptional faculty for expression, talking with a readiness and picturesqueness that made her quite attractive. In her better moods she was gentle, ladylike and affectionate. At or near the time of a fit she was hysterical, irritable and malicious and seemed to revel in obscenity and coarseness, such was the degradation of her mentality by the insane epileptic state. Other epileptics pass through a long life without showing these characteristics, are perhaps gentle mannered, tender, polite and kind, a little weak-minded but helpful about the home, passing through life without having got beyond the mental range of childhood. I had in my care an epileptic insane man whose history illustrates many features of the class. During childhood he had so-called fainting fits which were probably epileptic. A small fortune was left him which he managed badly, not even gaining by his ventures that experience which is supposed to be got as a return on some investments. His natural disposition was kind and affectionate and he was devoted to his wife and child. His wife said that two or three times each year he would have what he called a faint spell. If on the street he would sit down for a few moments and then walk on; if at home he would lie on the sofa. His face would be pale for a moment, his eyes fixed, his breathing somewhat labored. In a few moments this would pass off, he would lie quietly, then begin talking and in a few minutes his mentality was completely transformed. He would strike and at times brutally abuse his child and habitually threatened to kill his wife and the servants about the house, during these paroxysms. One night after having one of these fits just after retiring, he got up and loaded a pistol and sat during the entire night on the bed by his wife's side with the pistol in his hands, cocking and uncocking it, saying that he would like to kill her. On another occasion he loaded a rifle and shot and wounded several horses that were in his pasture, the animals being his own and valuable. He shot his dogs

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and chickens on several occasions and threatened to set fire to his house. This condition usually lasted from one to three days, when after a night's sleep he would wake in his normal condition, with no recollection of anything he had done during the insane period. After one of these attacks he became depressed and was then under my care for two months. He rarely spoke to any one about the institution, but talked with his wife when she visited him. He ate little, was much emaciated, claimed that enemies were pursuing him and were trying to kill him. He is still in an institution and is becoming weak-minded. The epileptic insane of the quieter kind often show this disposition for causeless and senseless cruelty and murderousness. The wonder is that they do not commit tenfold more crimes than they do. If this man had killed his wife in one of his attacks I imagine it would have been a hard matter to convince any jury that he was insane. Epileptics are especially liable to fits when under the influence of alcoholic liquors and the worst after effects are then liable to follow their fits, owing, I suppose, to the fact that the dissolution of the higher faculties by the fit is more marked because of the help of the alcoholic poison. It is noteworthy that there is a close resemblance and I presume an intimate pathological kinship between alcoholic and epileptic insanity, the same irritability and impulsiveness, the same forms of vivid hallucinations, the accusing or taunting voices, the vision of people attacking them to kill them, whisperings of a wife's inconstancy or of a child's illegitimacy, and others of this sort too numerous to mention, are found in both of these classes of the insane. It remains for the pathologist of the future to tell us how it is that insanity from alcohol may be and often is a duplicate of insanity from epilepsy. The resemblance is so close that one might consider alcoholic insanity an experimental or artificial insanity from epilepsy. This kinship of the two conditions is further illustrated by those cases of gradually developing dementia occurring in chronic drinkers and that same form of dementia without active insanity that occurs in chronic epilepsy.

The memory of epileptics is always impaired and at about the time of a fit, either before or after, it is confused, or as just remarked in speaking of epileptic automatism, memory may be completely abolished for hours, days, or weeks. This loss of memory is really a part of the automatism mentioned. A patient of mine had a fit on getting out of bed in the morning and soon afterwards I saw him. He was quiet, a little dull mentally, and had no recollection of the fit, though he answered questions intelligently and said he had a slight headache. During the morning he walked, played tennis and ten pins and talked with several people. In the afternoon he asked me why I had not called on him that morning. On questioning him I found that he had no recollection of my call nor of anything that he had done or said from the time of the fit until he sat down to lunch at 1 P.M. The whole forenoon was a blank though it was filled with conscious acts. The memory of an epileptic may vary, there may be for a time a partial and confused recollection of an occurrence, then in a short time there may be complete oblivion of it. This is particularly likely to be the case with acts done during violence. When, therefore, an epileptic says he has no recollection of having done or said a thing and at another time says that he has a confused or a clear recollection of it, both his statements may be true, though I have little doubt epileptics have been hung because of these inconsistencies of statement.

I have spoken of the moral perversion of the epileptic which is often so gross and brutelike as to be disgusting. And yet it is a very old observation that associated with this depravity there is a strong religious tendency. Much has been written about this peculiarity of epileptics. Many of them who are almost animals in grossness are obtrusively religious, saying their prayers in public, and

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reading their bible where they will be seen. These epileptics are, too, egotistic, self-centered, deceitful and quarrelsome. Dr. Gowers published the case of a young woman who had visions of being in heaven and talking with persons there.

The medico-legal relations of epileptic insanity are important. How far should the existence of epilepsy render a person irresponsible? While some general principles may be laid down, no rules applicable to all cases can be established. Each must be carefully studied and judged by its special indications. There are some epileptics in whom the mind is unimpaired and these of course could not be considered irresponsible except during a fit. There are others in whom there is a slight shade of mental failure, some blunting of the normal acuteness but with no delusions. Others again are, at or about the time of a fit, irritable, suspicious, and perhaps despondent and morose, showing noticeable mental weakening yet in the intervals of the fits pass for normal persons. Others again have delusions and yet others have paroxysms of violence. Epileptics who commit crimes are usually chronic cases. While there are exceptions to this rule they are rare. We would expect this to be so, for the longer the epilepsy has existed, the greater the mental degeneration. Crimes are sometimes committed at the time of a fit but more often in the intervals of fits. The Roman law exempted all epileptics from responsibility for three days before and three days after a fit. All criminal acts committed by epileptics should lead to a carefnl investigation of their mental condition at the time of the act. Some people have fits infrequently and are apparently normal in the intervals. A crime committed during such an interval would not necessarily be due to the epileptic condition. The nearer, therefore, the act is to an epileptic fit, the greater the chances that it was the result of the fit. The nature and manner of the crime may help to determine the condition. A crime, if apparently motiveless, reckless and furious, is probably due to epileptic insanity if committed by an epileptic.

Some years ago, in New York city, a man by the name of McDonald choked to death his brother with whom he was sleeping. He would give no explanation of the crime. Some weeks afterwards whiie in prison he attempted to choke another person who slept in the same cell. The superintendent of the city insane asylum being asked to examine him recognized in him an old epileptic patient whom he had discharged from the asylum some months before.

Epilepsy is relatively common among criminal classes and also among those who drink. Crimes, when committed by them not otherwise explainable, should be examined for evidences of epilepsy.

The important features of epileptic insanity may be summarized as follows:

1. All forms or varieties of epilepsy are liable to lead to insanity.

2. Nocturnal epilepsy and mental or cerebral epilepsy produce more rapid mental deterioration than other varieties.

3. Epileptic insanity may precede, take the place of, or follow a fit.

4. It may be a quiet type of insanity or the most violent mania.

5. The mania may occur only once in the course of the life of an epileptic who has the disease from childhood.

6. Epileptic insanity is a most dangerous form of mental disorder, as the subjects of it are suspicious, irritable, and impulsive, being conspicuously weakened in self contro

7. A condition of mental automatism may follow an epileptic fit and may last for days, during which a person may transact business or buy a ticket and travel long distances, converse intelligently and yet afterwards have no recollection of anything that occurred during the period.

8. Epileptic attacks may occur during sleep and not at any time or rarely

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during the waking state, and this nocturnal epilepsy is apt to be associated with violence and ultimate mental weakness.

9. Insanity is rather more liable to be associated with mild fits than with those in which the convulsions are violent.

10. Habitual epilepsy if continued over a period of years produces mental failure in some degree in all cases. Those who have a fit at long intervals, as once a year, do not, of course, come under the designation of habitual epileptics as the term is used here.

Since this paper was read a discussion of epileptic insanity has appeared, in which the writer hereof took part. Those interested in the matter will find articles referring to it as follows:

Dr. Fred'k Peterson, Phil. Med. Journal Oct. 8, 1898.
Dr. J. H. McBride, Phil. Med. Journal Nov. 19, 1898.
Editorial in Journal American Medical Association, Dec. 3, 1898.

SCHOOL HYGIENE.*

BY DR. O. . BROWN, WILDOMAR, CAL.

(*Concluded.*)

I shall offer no apology for addressing you upon an unsavory subject. For it is one—as I hope to prove—clearly allied to the moral and physical well being of the children of this land, to the vigor of their manhood and womanhood; and as a consequence to the health and happiness of the community and strength of the state, viz., the relation which faulty closet accommodations bear to the diseases of children and to the diseases of adults, in which the predisposition at least, is acquired from this source. In adults, a state of health denotes an equilibrium. The repair equals the wear. In children something more is required. They must accumulate the necessary substances to cause the growth of body and mind besides the every day wear. In the adult a slight cause will destroy this balance. In the child a much less cause will destroy it, and at the same time cause an irreparable condition of the development and functions of the various organs of the body. Thus by the imperfect unpunctual performance of the excretory functions, our food becomes our poison. The detention of the feces or urine begets a host of diseases. They each, by retention, develop poisonous substances, which are absorbed into the blood, and these in turn affect the various organs; especially is this true of the liver, brain and sexual organs. In many of the diseases peculiar to women, the foundation is laid during their school life, largely by faulty closet accommodations. Even the ancient Romans were wiser than we. They set examples which we would do well to follow in this particular. The cloacal of Rome are still the admiration of architects. They were so firmly built as to resist the torrents of over 700 winters. Public officers were appointed to care for them. Even a goddess, the fair Cloacine, was chosen to preside over them. But with us how different. The very name—privy—is a misnomer. How seldom is it hid by a clump of evergreens or masked in any way. How often is it quite a distance from the school house, at the end of a long trail, or unkept path, running in full view of all the school and most likely of the public highway. And when they do reach it, to find a building made of rough boards spiked together, with cracks wide enough to destroy all privacy. A door without a bolt, and generally hanging by one hinge, if it has a door at all; a crescent shaped opening for a window, and reeking with filth, poisoned by noisome stenches and unclean flies; defiled by lewd couplets, or by obscene cuts; oftentimes indecent from thin partitions having wide cracks, or improper closure of the lower portion. When is it ever sheltered

*Read before the Riverside County Medical Society.

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from the rude blast of the winter, or in any way made to be other than a most repulsive place only to be visited by absolute necessity? After such an unsightly and truthful picture, can we wonder that the calls of nature are looked upon as grievous dispensations of Providence, as hateful duties, which are to be deferred as long as possible, and obeyed as seldom as possible; nor is the above picture the only phase of the subject. Many of the children in our public schools come from refined and cultured homes. They have been taught modesty and decency there. Is it wondered at that even boys shrink from going to the ordinary closet in full view of all? How much more do modest, shrinking girls dislike to be compelled to visit them. Is it any wonder that they put off attending to these calls as long as possible, hoping to reach the privacy of their homes?

Is it any wonder that such a state of morals exists as is to be found in many schools? I have told you the bane. Now, what is the remedy? Clearly, such closets as civilized Christian people, who live in this day and age, are not degraded in using; closets that are accessible, decent, comfortable, and that rather invite than repel. Closets should never be directly connected with a school house, but should be at some distance and should be connected by a closed covered way. Neither should they be situated in the basement; as here the gases and vapors would arise and pollute the air above. The closet accommodations for boys and girls should be at opposite portions of the ground. It would be well for each school house to have a room each for boys and girls, into which open the wash and bath rooms, cloak rooms, lunch rooms and way to closets. This would furnish a certain amount of privacy and seclusion. The closets should be carefully looked after and kept in proper condition by persons selected for that purpose.

So closely connected with the closets is the disposal of sewerage that I will consider it at this time. Practically considered, the amount of sewerage of a school is equal to the water consumed by it. Fresh sewerage contains a large amount of dead organic matter in complex forms of combination. These are decomposed and rearranged by light, heat and moisture into nitrogen compounds, suitable to nourish plant life. Bacteria aid greatly in this process. These are of two kinds aërobic and anaërobic. Aërobic are those which grow best in free air and light. Anaërobic thrive best in closed places away from fresh air and light, and are much more highly poisonous than are the aërobic. On account of this decomposition, cess pools and vaults should never be used. It is far better to carry garbage by water-tight pipes some distance from the building, and allow it to spread on the top of the ground. Bearing in mind that no piece of ground should be continuously soaked; but each portion must have a period of rest. One-half acre of ground is sufficient for the disposal of the sewerage of 50 pupils. When water cannot be had for this purpose or the sewerage cannot be connected with the general system, which is always desirable when at all possible, then the earth closet is the next best.

Each school should be provided with as good a library as is possible to be secured with the means at command. The books should be assorted, and special care given to their selection by competent persons. Books of reference, such as dictionaries, gazetteers, atlases, encyclopedias, histories and biographies should be well represented. The leading works of fiction should form a part of every library. The evil results from bad literature can hardly be estimated. Yet there is no one point upon which teachers and even parents are so criminally careless as they are in the literature which children are allowed to read. According to the testimony of those in a position to know, there is a wave of moral depravity sweeping over the country, threatening to ruin and destroy the purity of the

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young people of our land. This statement is strong. But those who have carefully investigated the subject bear witness to its truth. The average teacher in town and country schools believes it. Even the better class of pupils know its truth. This is largely due to the kind of literature that is read by the children. The most popular literature of the present day is crime or that which glosses over crime, and makes heroes or heroines of a class from whom any pure minded person would shrink. No sensible person would object to seeing works of fiction read by the young.

It is only those works of the lower order that should be prohibited. Many persons have been led to a higher life both moral and intellectual by reading good works of fiction. The study of history is greatly promoted by wise choice of fiction. And some who look upon it as a dull, lifeless study will come to love its pages alive with the heroes of the past. Taine, the French writer, said of the works of Charles Dickens, that they could all be summed up in one phrase, "Be good and love." John Bunyan contributed his wonderful book to the religious literature of his latter days. Let the young people have fiction if they wish it; but let the teacher and parents see that it is worth reading. Let the teacher carefully guide the pupil in his selection of reading matter. Let the teacher talk with the parents and get their co-operation in creating an appetite for good, pure, clean literature. For it is an appetite, just as much as strong drink or tobacco creates an appetite, and becomes just as ungovernable as any other appetite when once acquired. You have seen persons who could not sit down with any good, pure literature and read it with enjoyment. Children who begin to read such literature as is abroad in our land, crave more and more of it. Their entire mind becomes filled with the thoughts of it, and frequently the result is some fiendish crime, committed by mere children, which shock the entire community.

Gymnastics is the systematic training of the body and mind by suitably selected exercises so as to enable both to attain the most perfect degree of development and to maintain each at its normal standard. As usually applied by the laity, the term gymnastics refers only to physical culture or muscular exercise. We believe it implies more. It is just as possible to develop the special senses by appropriate exercises, as it is to develop the muscles. In all athletic exercises, the complex movement must originate in the motor ganglionic cells, and be transmitted by the nerves to the muscles and groups of muscles which are required to act. In all such exercises as swimming, rowing, riding, foot-ball, etc., the muscles must be under the will power, and begin to work in a certain order, so that the result will be the proper position of the limbs and body to accomplish the desired movement. Something more is required than the mere control of the muscular system. The mind through the avenue of the special senses must be ever alert and ready to judiciously direct the nerve forces to produce the muscular action. Thus not only the motor, but the sensory nervous system and the mental faculties are capable of being exercised and need it. All skilled labor is only trained muscular movement, directed by a trained mind through trained nerves. Many persons know how a certain piece of mechanical work should be done, but yet the muscles through lack of training refuse to obey the will power. The ability to make the muscles perform what the mind directs is of inestimable value. Take for instance a man who is a skilled wood carver, and educate him for a surgeon. How much better surgeon he makes because of his muscles having been trained to do the bidding of his mind. This is equally true of all trained muscles, mind or special senses. In order to go about our work intelligently, we should examine each pupil, and note any deficiency or development in any organ or group of organs. We should get all the family history possible, so that we can the bet-

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ter direct the gymnastic training required to bring forward and develop the deficient part or parts of the complex machine and hold back or retard the growth of those parts that are already over-developed. Irreparable harm is frequently done by teachers and parents, to children who have some one faculty abnormally developed, by pushing this one to the front and adding to it instead of holding it back and bringing up the other faculties. For instance, we see a very young child that is exceptionally bright in music. In most instances that child is forced forward in that particular study; that one faculty is developed at the expense of all the others; the teacher is proud of it; it is exhibited at musical entertainments, etc. And what is the result? When it reaches maturity, it rarely amounts to anything. In fact it is often only a mediocre. Whereas had this faculty been retarded, attention given to developing other faculties, and attention given to developing the body, it most likely would have been an honor to teachers and parents. Gymnastic training should be of such a nature as to be a pleasure to the pupil, and it should be a part of every day's school life. It should be frequently indulged in, yet never followed until the parts exercised become very tired. Great harm is done by over-exercise of any part of the body. While the teacher should direct the gymnastic training of the pupil, yet much can be left to the choice of the pupil; especially is this true where the child is healthy. Most out-door sports are the best of gymnastic training. Even in-door sports and games are well calculated to develop body and mind. Rest and recreation are required for growth and development. Who has not felt the fatigue of too long use of the eye? How they smart and tingle. How the ear wearies of constant sound. Here let me say that great injury is produced by using the eyes continually in ill-lighted school rooms, in reading small type or badly printed pages, or writing with pale ink. The tension of the eyes caused by constant use produces many diseases of the eye, and this in turn lays the foundation of several forms of nervous trouble. No one should use the eyes continuously in reading or writing for more than one hour without resting them. Adults rarely use their eyes for a longer period without rest; yet children are frequently forced to use theirs for a much longer period in order to complete the task required of them. This constant use in ill-lighted, ill-ventilated rooms, in reading bad print, etc., lays the foundation for most of the near-sightedness of the present day. While the eye is most frequently injured, the other special senses suffer much; it would be easy to show that neglect of the proper care of them leads to both physical and moral disease. Every part of this complex machine requires rest. Even the heart and lungs rest about one-fourth of their time. While gymnastic training is so essential to the well being of a child, when properly directed, it should never be abused. The tendency at present is too much toward making machines out of the children, rather than thinking individuals. I cannot forbear quoting what the New York Sun said in a recent issue about the habit of marshaling the children on the pavement in front of the school building, and having them march lock-step into the room. "The habit of training children in lock-step or prison walk in early life is very pernicious. Many policemen recognize those who have served in reform schools or penitentiaries by their peculiar walk. How wrong then to start our children in life with a walk that points with suspicion toward the individual having been an inmate of some reform school or prison." I have seen in this State children arranged bare-headed in front of the school building, in a cold, drizzling rain, ready to march into the building at the tap of the bell, wraps and head covering being denied them. Is this the proper care to give the growing generation? Yet according to the modern system of education it must be done to enable the machine to go on with its work. It must not

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be allowed to skip a single cog. Again children have their gait ruined by being compelled by the teacher to walk on tip-toe so a not to make a noise in passing from seat to class or class to seat. Children are compelled to stand with toes to a line, arms just so, and many other useless acts as a part of that system of training which tends to make a machine out of the child. Each pupil in the same grade is allotted an equal task and expected to accomplish it no matter what the condition of health or their ability to learn.

That teacher who is able to so interest the pupils in school work that they have no time for mischief, is the most successful in government as well as in teaching. Children are only little grown up people. They have a keen sense of justice. That teacher who has no set rules having a fixed penalty attached is in a position to do good work. How often do we see teachers having these rules with fixed penalties. Suppose a frail, delicate little girl and a large brutal boy break the same law. Are they to be punished by inflicting the same penalty? According to this method of government, each must receive the same penalty. What justice. In all school government good, wholesome laws will be broken. Government to be efficient must be positive. This being so, the teacher must have the right and the inclination to inflict whatever form of punishment is required in the individual case. The circumstances connected with each offense must be carefully studied, and a distinction made between willful and unintentional wrong-doing. Nor is it always best to try the milder form of punishment before resorting to a severer one. I will illustrate: A physician is called to treat a case of pernicious malarial fever; he sees at a glance that he must cinch his patient at once in order to cure. Shall he do it, or had he better try the mild remedies first? Should he pursue the latter course he is certain to lose his patient. On the other hand, had he given large doses of quinine by every available avenue of introducing it into the system, he had a fair chance to save his patient. Just so with a case of severe or mild punishment. Moral suasion is all very well in its place. But it is not the remedy for bold and defiant violation of school government. Such should be met by prompt, vigorous, decisive punishment of such a nature as to deter them and others from again breaking the laws. The form of discipline here advocated is not that which uses force for every offense, nor meets angry look by angry look. It is the system of government which gives the teacher the authority to use any means which he thinks best, yet expects the teacher to use kindness, firmness, and the best of judgment in administering the punishment. The discipline of good manners which seems to so many to be of so little importance, and which has been so shamefully neglected in recent times, should receive more attention. To such an extent has this portion of education been neglected, of late in our country, that foreigners frequently remark upon the lack of good manners of the American people of today. Our children neglect to show proper respect to teachers, parents, and in fact to every one with whom they come in contact. Most of this rests upon the parents, much with the teacher who should practice self-culture and have the co-operation of the parent. That teacher who has the happy faculty of being able to stir up the ambition in pupils to be good and to study well, in order to make future useful citizens, is sure to be a successful one. If the teacher succeeds in drawing all the good in the pupil to the front, in shutting out the bad, and who can gain the love and esteem of his pupils, has the true method of government at his command.

Children in school life should be compelled to study only for short intervals. No child should be compelled to fix the mind intensely for over 15 minutes or half an hour without changing from one study to another, or one recitation to another or have some form of recreation between. Children under ten years of

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age should not be confined to their seats and books more than half the school hours. From ten to fourteen years, two-thirds the time. Those from fourteen years up, never more than three-fourths of the time should be allotted to study. The rest should be devoted to recreation out of doors when the weather will permit. The tasks allotted to boys and girls should be different. That which is easy for many boys is very tiresome and laborious for the female pupils. The stimulus of constant daily competitive work affects the two sexes differently during the period of development. Boys are less susceptible to stimulus at this age than girls. If enough work is allotted to keep a boy well up, it is a positive injury to the girl. If enough only is given to keep her properly at work, the result is a lack of work to him. The tendency of cramming and making machines out of children is the bane of modern education, all the way from the primary department to the end of the college course. By this cramming process, one set of ideas drives out another, the memory is bewildered, and the power of fixing the thought on any one subject enfeebled and uncertain. In order to impress any subject firmly upon the mind, time is an important factor. It is necessary in the acquisition of knowledge, that all new ideas should be turned over and over again and reflected upon until they are firmly implanted and engraved upon the memory, capable of being recalled for future use. It is a lamentable fact that in many such schools there is a tendency to still further crowd the pupil by adding new branches of study. How much better were it that the number of studies were reduced, and more thorough work done upon the fundamental branches. In former times it was considered an honor to be a good speller, a good penman and a good reader. Today how many write such a villianous scrawl that they themselves cannot read it after a few days; and as to spelling, no one can say whether or not their words are spelled correctly. How many persons who take a higher education are brought to shame by their lack of education in the fundamental branches. If we would only bear in mind that the school is preparing the pupil to study and to either pursue the higher branches, or to take their places in life's struggle for existence, how much more thorough work could be done in our common schools.

Did the writer not know, by practical experience, the vigor with which instruction in hygiene has been, and is still, opposed not only by school boards, but by the teachers themselves, he would not have deemed it necessary to speak in such strong terms of some things, and at such length as he has done. The majority of both teachers and boards have only given attention to hygiene because our State laws compel them to do so. The writer vividly recalls being compelled to teach hygiene during outside hours, the patrons through the wise (?) Board telling him that it was very much out of place to allow children to hear such stuff, and that if any grown pupils wished to study it, that the teacher must take his own time to teach them and not allow the other pupils to be present. Were it not that some boards even resist inquiries made by sanitary commissions or by private individuals, and look upon it as being a reflection upon the ability of the Board, the writer would not have felt compelled to speak as he has. Many times the Board is composed of the most ignorant men in the community, elected because they love an office and strive for the position. No sanitary service under such a Board can be effective. The remedy lies in selecting the best men in each district to compose the Board, and to have the Board either act jointly or be entirely under the control of the county and town Boards of Health, and they in turn be under the management of the State Board of Health.

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IRREGULAR PRACTICE BY REGULAR PRACTITIONER.

J. C. UNDERWOOD, M. D.

Some years ago I was mining in Northern Mexico and lived in the town of Magdelena. The law of Mexico requires every mine that works over twenty-five miners to employ a resident physician. I was superintendent and part owner of the mine and its medico also. The employers of the mines and ranches are simple and trusting and they adore their priests and their doctor. That their doctor deserves and earns this good opinion this story will prove, perhaps.

I was going one day to examine a newly discovered mine a distance of about 35 miles from the town of Magdelena. After leaving the town the first house and the first water we came to, was 18 miles on our journey. There was a small ranch and one lone adobe house. The nearest other inhabited place was at least 15 miles distant. The house was built close to a spring of water, a water-hole, we call it, and a few mesquite trees around it. My only companion was an Indian guide, cook and all around servant. He carried a pick, shovel, frying-pan, a coffee-pot and a few provisions for our journey. I had no medicine of any kind and my only instrument was a large Colt's revolver, which is used by doctors on the border of Arizona and Mexico as an anesthetic with satisfactory and permanent results, sometimes. I knew a doctor in the early days of Nogales in Arizona who treated two Mexican brothers for typhoid fever. They were both near death when the doctor was called in. He cured both. When they were well they came into town to settle the doctor's bill. They drank a few drinks of Arizona's mildest juice, then went to settle the bill with the doctor; got into a dispute about it, and went to shooting at the doctor. The doctor happening to be sober at the time aimed better than his patients, and killed them both. I heard it remarked on the streets next day that Dr. ——— should confine himself to killing his patients in the regular way. This was the only notice I ever heard taken of the doctor's treatment. Well, we came to this ranch about mid-day, unsaddled our horses, and my cook went to making some coffee for my lunch. The men of these ranches are away all day riding around the range. The only person we saw was an old woman who sat under a tree near her door, taking no notice of us, assuming if she did not feel that stolid, persistent indifference that only the Indian or Mexican can express, with all lack of expression. Whilst waiting for the coffee to boil, my boy who had been with me on many such trips, and who was a talkative fellow, asked the old woman, "Have you any fresh eggs?" "No, senor." "Have you any milk?" "No, senor." "Have you any feed for the horses?" "No, senor." Then he said "I am sorry, for the senor doctor would like an egg with his breakfast, for we had started early and ridden by star-light, and now, 18 miles on our journey were resting our horses and eating our breakfast, and the doctor would like an egg." "Doctor!" The old woman jumped up quickly, all indifference gone. What ailed her I knew for I had seen this transformation in more or less similar circumstances, when the magic word "Doctor" had been used. Then I heard her say to the man, "You fool, is that the doctor from Magdelena, sitting under that tree with the sun cooking him and the flies biting him? You fool, yes, I have eggs, fresh eggs, and milk, and there is hay in the shed. I will make coffee for the doctor, you surely cannot make coffee fit for the doctor to drink." And in less time than it takes to write it, a little table was under the shade, a white cloth was spread upon it, and the wrinkled old woman was bowing before me, asking, "If the Senor Doctor would do her the honor to eat at her poor table," for even this old woman, living in this old house at least 15 miles from her nearest neighbor, spoke with the old, sweet courtesy of all the

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Mexican people. And what I knew would happen, happened. She told me of an awful disease that was killing her fast, she was over 90, very spry, but this thing had been killing her for years. My brothers, you know the story, you all hear it every day, the language makes no difference, it is the same; neither does the location, a swell office in the city, or a cattle ranch in the Mexican mountains; all you want is the old woman; the story is the same, yesterday, today and forever. "Dear Doctor, I pray to the good Lord, but He hears me not; I am dying every day." The fact that the lady sleeps well, eats well, is fat and in no pain, the "Dear Doctor," of course, knowing his business, should not and does not consider in his diagnosis.

I listened to all she had to say. A woman in Mexico always in telling her symptoms goes back as far in her life as she can remember and tells the doctor every sickness, actual or imaginary, she has ever had, all the principal events of her life and the family history. When I first began to practice in Mexico I used to rudely break in on the autobiography and ask the patient to come up to within a day or two of the present time, or to tell me how the present sickness began, which they would always do with great patience and politeness, then they would go right back to the point in their life's history where I had interrupted and bring themselves, sickness by sickness, to the day they sat before me. So experience taught me to just sit still, look as wise and sympathetic as I could and to keep awake, until the story came near enough to the present time to have at least a remote bearing on the present infirmity, then I would pay attention. Well, the old woman's story ended and I told her that I was the doctor that lived and practiced in Magdelena and that I had cured some of my patients. She said she had heard of me and had heard that I was a good doctor. That God had cured many of my patients, the usual formula of thanking a doctor down there. God, the Priests, and the Virgin, get all the credit if patients recover. The doctor is only mentioned at the funeral. I told the old woman I was the great and good man she had heard of, but that I had no medicine with me. In telling a Mexican this you would not say no medicine, it is too comprehensive. I said I have no pills, no drops, no powders, not even a plaster with me. I explained I was just going to examine a mine and not expecting to see a living soul on the trip, had brought no medicine at all. She was very sorry and so was I for I had to pay cash for my egg. In the afternoon we rode away, telling the old woman we would be back in three days. On our return trip what was my surprise to find nine other old women waiting for me. Now mind you the one that came the shortest way to see me must have come 15 miles. Word had been sent out that a great medico would be there, and there they came and here the poor, patient old things waited. If my return had been delayed ten days they would have waited ten days. On seeing these old creatures, some of whom were sick, I was much annoyed and angered at the old woman who had sent for them, knowing that I had no medicine of any kind. And such a thing as writing a receipt was unknown and useless there, so I spoke rather harshly to the old woman and demanded why she had imposed upon her poor friends, bringing them so long and so useless a trip to see me when she knew I would do them no good, having no medicine. The old woman rose on me in her wrath and turned on me and said, "You can do them good, much good, Senor Doctor, you know you can." "How?" I inquired. "Can't you take their pulse, and examine their tongues?" she said, "you know you can take their pulse and examine their tongues." That settled it, I remembered the shipwrecked sailors who could neither preach, pray nor sing, but drowned easier after devoutly passing around the hat. So seeing my duty I rose to it like a trout to a fly. I took the pulses of the nine old

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women, examined the lungs, listened to all the maladies, from youth to age, of nine long and varied lives, and knowing that they would be mortally offended if I did not pronounce each and all to be in the last stages of some awful disease, I diagnosed, guessed, prophesied and catalogued them all, giving them assurance that they each had a special and different disease, that in the end would carry them off. I ranged from leprosy to appendicitis. I gave them special directions about diet, forbidding them to eat things I knew, in their whole lives, they had never seen. Then charging them no fee, I rode away leaving nine happy old women blessing me, the great and good doctor, and the tenth old woman, the wise one, her face was radiant, she said that all of them would be better now, and she thanked God that He had sent His good doctor to help all her friends. The day was declining and the shadows were long in the mountains as I rode away, but my heart was full of content, for I got to thinking what a good and great profession ours is, and how well I had upheld its traditions that day, and I was proud of myself and of my brother doctors, and my head swelled and swelled, but at last I reached home, with temperature, respiration, circulation and self esteem normal.

SELECTED.

DEPARTMENT OF SKIN AND GENITO URINARY ORGANS.

UNDER THE CHARGE OF GRANVILLE MAC GOWAN, PROFESSOR OF SKIN AND GENITO-URINARY DISEASES, MED. DEPT. UNIV. SO. CAL.

LUPUS ERYTHEMATOSUS—Gilchrist. (Report of Amer. Dermatolog. Soc. *Journal of Cutan. and Gen. Urin. Diseases*, Sept. 1898. Page 433.)

Gilchrist said that he had examined sections from only three cases, but it was interesting to note that the results in these supported most of the statements made by Dr. Robinson. Lupus erythematosus seemed to him histologically to be very distinct from tuberculosis of the skin. In a number of sections of tuberculosis of the skin in which tubercle bacilli had been demonstrated the picture was not at all typical of tuberculosis. For, instance, only one giant cell had been found in forty sections. The glands affected in lupus erythematosus were more probably enlarged on account of irritation than by the same process producing the lupus erythematosus. He had not found any thrombosis of the blood-vessels of the skin in the three cases examined. The last one he had seen was a typical one of lupus erythematosus on both cheeks and nose of a woman. Examination of the different portions showed the three stages of the disease—the rosaceous process practically agreed with what Dr. Robinson has seen; the section from the patch on the right demonstrated a similar condition of the vessels and the scar tissue was interesting as showing the complete atrophy of the sebaceous glands and dilation of the sweat-ducts and sweat glands. The epidermis was only affected secondarily. There were peculiar changes in the connective tissues of the upper part of the corium and only a few giant cells and mast cells were present. In the advanced stage of the process numerous lymphoid cells could be found around the vessels accompanying the sweat-ducts.

THE ELIMINATION OF BACTERIA BY THE KIDNEYS.—(Futterer, *Medicine*, Nov., 1898. p. 891-893.) I have referred to some writings on elimination of bacteria through the kidneys, as they have a bearing on the same function of the liver. It seems to me impossible to prove by microscopic examination the absence of histological lesions which allow micro-organisms to pass through the

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organ into its secretions. As the whole organ cannot be accurately examined, there may be an opening somewhere that escapes detection. Even in well examined specimens there may be openings in the intercellular connections which are not recognized. As positive findings are of value, microscopic examination of the organ in such work should not be discouraged, but negative results are of no value. The examination of the urine for albumen and the blood as practised by Biedel and Kraus is more important. I believe that the appearance of micro-organism in the urine after having been injected into the blood-current, not associated with albumen and blood, prove that they are eliminated by normal kidneys. We have no similarly accurate test to apply to the secretions of the liver, but as micro-organisms pass this organ with even greater rapidity we may partly by analogy reach the same conclusions. While the kidneys and liver, according to the great amount of bile and urine excreted during twenty-four hours, eliminate the largest amount of micro-organisms; other organs—the lungs, the mucous membranes of the respiratory tract, the intestinal and the urinary tract, as also the skin—participate in this function, and clinically we should do all in our power to stimulate such physiological action.

CORRESPONDENCE.

DEATH OF DR. E. CARSON.

At the regular monthly meeting of the San Diego County Medical Society, on December 2d, 1898, the following resolutions were unanimously passed, relative to the death of E. Carson, M.D.

Whereas, The messenger of death has again crossed the threshold of our society and our esteemed fellow Dr. E. Carson, who served this society acceptably in the official capacity of secretary, four terms, and president, one term, has passed to his rest.

Therefore, Resolved, That this society hereby express their high appreciation of the sterling worth of our deceased fellow and their deep sorrow over his untimely demise, while yet in the prime of manhood.

Resolved, That this society hereby express their heartfelt sympathy with the bereaved widow, and tender her their condolence in this the hour of her deep sorrow.

Resolved, That a copy of these resolutions be presented to the widow, also spread upon the record of this society, and furnished THE SOUTHERN CALIFORNIA PRACTITIONER for publication.

CHARLOTTE J. BAKER, M.D., President.

THOS. L. MAGEE, M.D., Secretary.

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Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

EDITORIAL.

A STEP IN THE RIGHT DIRECTION.

At the regular meeting of the Los Angeles County Medical Association, Dec. 16th, the following resolutions were adopted:

WHEREAS, Ths proper management of the Health Department of this city is of such vital importance to the public, and;

WHEREAS, The medical profession naturally have the best understanding as to the qualifications of professed candidates and as to the proper management of the office, be it

Resolved, That it is the sense of this association that the Board of Health should have the full management of the department as to the appointment and discharge of all employees so that the department may be removed from partisan and political influences and be able to conduct its affairs to the best interests of the city, be it further

Resolved, That in the appointment of health officer for the ensuing term respect be paid solely to the professional qualifications of the applicant; be it further

Resolved, That although this association cannot and does not name any particular individual as the best qualified for this position, it wishes to put itself on record as endorsing the ability and integrity of the present incumbent, and suggests that the board be governed in its selection for the ensuing term by the voice of the profession at large, and that it should take pains to ascertain the sentiment of the profession and be governed thereby.

It is stated on good authority that the mayor-elect has decided to retain Dr. Powers in his present position. This will be gratifying to the profession of this city, for it is a recognition of his exceptional merits as an health officer, and establishes a good precedent in taking this department out of politics. This action has all the more weight,

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because there were several clean and competent men desirous of the position. It is to be hoped that the plan of making the health officer supreme in his department will be by all means adopted. The police department has for several years been non-partisan in this city, and now this most important of all—the health department—will be put upon that rational basis if the council is as wise as the new mayor. Under the administration of Drs. MacGowan, Steddom and Powers the health office has steadily improved. Now with Dr. Powers in for a third term the profession will have reason to be proud of their official representative.

EDITORIAL NOTES.

THE Southern California Medical Society held its twenty-third semi-annual meeting in Los Angeles Dec. 7th and 8th. The attendance was very good, there was a large number of papers, too many in fact, for several articles were omitted. The session closed with a banquet at which over seventy physicians were present. San Diego was chosen for the next place of meeting. The papers, as usual, will be published in the PRACTITIONER.

DECEMBER 16th the Los Angeles County Medical Association held its annual election. The following were elected officers for the ensuing year: President, Dr. F. D. Bullard; vice-president, Dr. F. W. Steddom; secretary, Dr. Rose Talbott Bullard; treasurer, Dr. A. L. Macleish. The PRACTITIONER feels highly complimented by the selection of its editors to such important offices, and hopes that the members will endorse the new administration by full attendance and a willing participation in the meetings.

BOOK REVIEWS.

THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the use of practitioners and students of medicine, by Wm, Osler, M. D., Fellow of the Royal Society, Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University, and physician in chief to the Johns Hopkins Hospital, Baltimore, etc. Third edition. New York. D. Appleton & Company, 1893. Cloth $4.50; Sheep $6.50.

Beyond doubt Osler's Principles and Practice of Medicine is the most popular work on the subject in America. It will be found in the libraries of most of the up to date physicians. The present edition has been wholly recast, and with the painstaking carefulness that is characteristic of the author, he has incorporated much new matter into many sections, rewritten others entirely, and added considerable entirely new material. The section on diseases of the nervous system has been entirely rearranged and made to conform with the modern conceptions of anatomy and physiology.

Widal's serum test is the chief addition to the chapter on typhoid fever. The article on vaccination cuts out the discussion of vaccino-syphilis. The new edition insists on calf lymph, and utterly discards humanized virus. A short paragraph on

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beriberi in 1895 has expanded into a three page article on beriberi as an acute specific infectious disease; similarly the bubonic plague receives three times the attention in the present edition. In cerebro spinal meningitis Weichselbaum's diplococcus, the extra cortical lesions, the premonitory coryza are the new matters mentioned. Pneumonia has been reclassified and its discussion considerably enlarged. In reference to ether pneumonia (an entirely new matter) Osler wisely remarks, "The probability is that the prolonged etherization lowers the vitality of the tissues of the finer bronchi, and permits the pathogenic organisms, which are always present, to do their work." Pneumonia is a rare disease in Southern California. This may be one of the reasons why the reviewer in some 2000 anesthetizations has never seen a case of post-operative pneumonia. Another addition is a short discussion on the so-called anestheaia paralysis, which may be due to pressure, by central lesion or the toxic effect of ether on account of protracted administration.

Pneumaturia due to mechanical introduction, gas forming organism, or fistula, is mentioned in this edition. Erythromelalgia, (red neuralgia) finds a place among the diseases of the nervous system. The tentative treatment of three years ago for Addison's disease, is now the accepted method, viz., the use of supra-renal extract. Yellow fever, owing to Sanarelli's interesting, not to say vigorous experimentation on man, is handled from an entirely new standpoint, although the resultant serum treatment is "on too small a scale to judge of its efficacy." Rheumatic fever is now classed among the specific infectious diseases. Glandular fever is a new disease described by Pfeiffer in 1889, and lately by West, of Bellaire, Ohio. This disease was not mentioned in previous editions.

One of the most interesting new subjects is that of lymphatism—a pathological condition frequently met with in cases of sudden death. The death of the son of Professor Langhaus immediately following an antitoxin injection, some cases of sudden deaths under anesthetics, of sudden deaths of persons in water, and a large number of deaths occurring in children—without any recognizable cause—all have occurred where the post mortem showed enlarged thymus and other enlarged glands. Other subjects which have either been rewritten or are entirely new are: Malta fever, Dengue, leprosy, gonorrhoeal infection, cancer of the stomach, the gastric neurosis, cirrhosis of the liver, jaundice, diseases of the bile passages, pancreas, thymus gland, encephalitis, neurasthenia, tuberculosis, diabetes, gout and diseases of the heart, lungs and kidneys. It was at first a most excellent work—and in fact the best American publication on this subject; it has, as can be noticed from the few samples given, and enumeration of the other subjects rewritten, received a careful revision. The old patrons of Osler will be among the first to get the new edition, for they know it will contain all that is new and proven to be of value.

QUIZ-COMPENDS NO. 5. A Compend of Obstetrics, especially adapted to the use of medical students and physicians. By Henry G. Landis, A. M., M. D., late professor of obstetrics and diseases of infancy in the Philadelphia Polyclinic; instructor in obstetrics in the Jefferson Medical College, Philadelphia; fellow of the college of physicians; member of the pediatric society of Philadelphia etc., etc., sixth edition. Illustrated. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut street, 1898. 80c.

The sixth edition of Landis' compend of obstetrics, edited by Wm. H. Wells, while adhering to the concise style, has been somewhat enlarged, especially on the following points: Diagnosis of position and presentation by external methods, mechanism of labor, differential diagnosis between pregnancy and abdominal tumors, obstetric operations and septic infection. Rightfully used, a careful compend like this will aid the memory of the hardworking student, or be a help to the busy practitioner who can carry it readily in his pocket or in his grip.

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A TEXT-BOOK OF OBSTETRICS. By Barton Cooke Hirst, M. D., professor of obstetrics in the University of Pennsylvania. With 653 illustrations. Philadelphia. W. B. Saunders, 925 Walnut street, 1898. $5 Cloth. $6 Sheep or one-half Morocco.

This book is written by a man who has a well known reputation in a threefold way—as an obstetrician, as a gynecologist, as an instructor. The author has for twelve years devoted his attention exclusively to these branches, and from these facts one could presage just what sort of a book Hirst's obstetrics would be. The typography and general makeup of the work is consistent with its high-grade, and just the sort of mechanical work we would expect from Saunders. The illustrations are numerous, helpful and almost entirely original. In no text-book has the reviewer ever seen the steps for the application and continued use of forceps so fully and clearly delineated by illustration, indeed were the pictures on the ribbon of the kinetoscope, the student would almost see delivery under forceps before his eyes.

The intensely practical nature of the book and its illustrations are again disclosed by its discussion of the signs of pregnancy, the numerous photographs of the appearance of normal and pathological pregnancy, and conditions simulating pregnancy, together with the colored plates Nos. 5 and 6, which so accurately show the nipple areola and the shades of color in the introitus of both blonde and brunette, form a clinical picture as accurate and complete as it is possible for a general text-book to essay. Another paper clearly and fully depicted in text and in illustration is the mechanism of normal and abnormal labor. Under the complications of labor there are six pages of illustrations amplifying the excellent text, of the kinds of vulvar perineal lacerations likely to happen during labor.

On pages 347–349 is an exceedingly concise yet full table of directions for the mother and the nurse, covering clothing, diet, drugs, articles to be furnished for the labor and during the puerperium, and directions for nursing.

The book has seven divisions as follows: Part I. Pregnancy. Part II. The physiology and management of labor and the puerperium. Part III. The mechanism of labor. Part IV. The pathology of labor. Part V. The pathology of the puerperium. Part VI. Obstetric operations. Part VII. The new born infant. All systemic works of course must follow a similar plan. If we were to compare the older works with this we would find more of theory and less of practice in the former. The newer are more extensively and intelligently illustrated than the older. Obstetrics is capable of clear demonstration in engraving, and this improvement in the printers' art has been judiciously employed by the author. Accordingly as a text-book it is superior to Lusk, which has been the standard authority and familiar friend to thousands of physicians. Nor is the merit alone in the framing, the wide experience of the author in the accidents of labor, enables him to authoritatively consider the conditions which may arise, and his life work as an instructor enables him to lucidly place them before students.

MATERIA MEDICA PHARMACY, PHARMACOLOGY AND THERAPEUTICS. By W. Hale White, M. D., F. R. C. P., physician and lecturer on Pharmacology and Therapeutics at Guy's Hospital, London, and late examiner in Materia Medica to the conjoint board of England; author of a text-book of general therapeutics, edited by Reynold W. Wilcox, M. A., M. D., LL. D., professor of medicine and therapeutics at the New York post-graduate Medical School and attending physician to the post-graduate Hospital; visiting physician to St. Mark's Hospital; fellow of the American and of the New York Academy of Medicine, etc. Fourth American edition, thoroughly revised. P. Blakiston's Son & Co., 1012 Walnut street, 1898. Price $3.00.

After preliminary chapters on definitions, pharmacy, pharmacology, and therapeutics, the author arranges the drugs under three general divisions: 1st, Pharmacopeial Inorganic Materia Medica; 2nd, Pharmacopeial Organic Vegetable Materia

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Medica; 3rd, Pharmacopeial Organic Animal Materia Medica. The latter division is concluded by two chapters on the Organic Extracts and the Anti-toxins. Under the Organic Extracts it treats of Thyroid Extracts, Suprarenal Extracts, Brain Extracts and Testicular Juices. Of these the first and last it regards of some value. Three anti-toxins are mentioned, Diphtheria, Streptococcus and Tetanus. We were pleased to note that it states "That recent reports indicate that Tetanus anti-toxin will soon take its place as a valuable and trustworthy remedy for this disease." To practitioners in Southern California this will be good news, for Tetanus is quite common in some sections of this State. The reviewer has in mind a recent case which was cured by repeated and large doses of this remedy. The book contains over 700 pages, is printed with clear type on excellent paper and under each remedy is given the preparations in use, their source, the character of the preparations, incompatibles with it, the impurities which are likely to occur; the dose, problematical action and the therapeutics. The more important facts are printed in larger type, and those of less weight in smaller. The American editor has been free to make short and frequent additions to the English edition. All the doses are given both in English and the Metric system. The principal actions of the drug are printed in leaded type. It is possible, therefore, to quickly discover the salient points under each remedy. As the book is printed by an American firm, it has all the pleasing makeup which is so characteristic of scientific works printed on this side of the ocean, and so frequently lacking in those printed upon the other side. It goes without saying that the book must be concise, but, at the same time, it is comprehensive, and scientific. The English editor has shown excellent judgment in the selection of material and skill in its arrangement. One of the notable features are the italicized notes calling attention to the errors and mistakes which are likely to occur. We can recommend it to students on this account, especially as it warns them against the errors which they are most likely to commit.

ACROMEGALY—An Essay to which was awarded the Boylston Prize of Harvard University for the year 1898, by Guy Hinsdale, A.M.M.D., Fellow of the College of Physicians of Philadelphia and of the American Academy of Medicine; Member of the American Neurological Association and American Climatological Association; assistant physician of the Orthopedic Hospital and Infirmary for Nervous Diseases, and of the Presbyterian Hospital in Philadelphia, etc., reprinted from *Medicine*, 1898. William M. Warren, Publisher, Detroit.

This essay, 88 pages long, treats of the history, symptomalogy, course, duration anatomy, pathology, etiology, theories, gigantism, diagnosis and treatment of acromegaly, carefully reviews a case, and gives illustrations of the skeleton of the American giant. The essay concludes with an exhaustive bibliography. The most interesting part of the essay is the discussion on the pathology and the relation between giantism and acromegaly, the opinion favored being that these conditions are due to some alteration from the normal amount or quantity of the internal secretion of the pituitary body, and the resulting gigantism or acromegaly being to quite an extent determined by the age of the patient, an early onset producing gigantism, and a later one acromegaly. It is an interesting and instructive contribution on the subject.

THE PHYSICIAN'S VISITING LIST (Lindsay & Blakiston) FOR 1899. Forty-eighth year of its publication. Philadelphia, Pa., Blakiston's Son & Co., (successors to Lindsay & Blakiston) 1012 Walnut St. So by all booksellers and druggists. $1.00.

Of visiting lists this is the old and reliable, it is convenient, provides also for special memoranda for each patient. The reviewer has used this special book for ten years, and has found it to meet the demands as a visiting list both in busy and slack times. It contains calendar, usual tables as to weights, measures, dose,

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for calculating gestation, some directions as to emergencies, and blank leaves added for addresses of patients and nurses, engagements, obstetric and otherwise, records of births, deaths, cash account, etc. It is made in size to suit for visiting 25 to 100 patients daily, the latter volume costing $2.25.

A TEXT-BOOK of PATHOLOGY, by Alfred Stengel, M.D., Instructor in Clinical Medicine in the Woman's Medical College; Physician to the Philadelphia Hospital; Physician to the Children's Hospital, Philadelphia, etc., with 372 illustrations, Philadelphia. W. B. Saunders Co., 925 Walnut St., 1898. Cloth $4.00; sheep $5.00.

This is a volume of considerable size containing 848 pages and quite fully illustrated with 372 cuts. The author aims to treat the subject of pathology in as practical a form as possible, always from the point of a clinical pathologist. Controversial matter has been avoided as far as possible and everything written always has in view a practical application of the science in actual medicine. The first part treats of general pathology under the following heads: The Etiology of Disease; Disorders of Nutrition and Metabolism; Disturbances of the Circulation of the Blood; Retrogressive Processes; Inflammation and Regeneration; Progessive Tissue-changes; Bacteria and Diseases due to Bacteria, and Animal Parasites and the Diseases Caused by Them. The special pathology treats, of course, of the diseases which attack the various organs and tissues of the human body. To attempt a full discussion of them would be utterly impossible within the scope of time and space allotted to us.

Acute Articular Rheumatism is now considered as an infectious condition, although the nature of the infectious agent is still uncertain, though it may be due to a bacillus recently described by Achalme, page 264. Scarlet fever quite likely is due to a pyogenic micrococcus, page 264. Of course, the pathogenicity of the bacillus icteroides in yellow fever is recognized by Stengel, as by all modern pathologists; in spite of the fact of the close resemblance of the pseudo-bacilli to the Klebs-Loeffler bacillus, it seems to be well established that the latter microorganism is the specific cause of diphtheria. On pages 197 to 201 there is an interesting discussion upon Immunity, the gist of which is found in the following sentence: "Antitoxin is probably a modification of the toxin by cellular action or a substance elaborated by the cells under the stimulation of the toxin." On page 194 the matter of toxins themselves is studied, with the conclusion that they are akin to the poisonous venom of certain serpents and animals and of certain poisonous principles of plants, as abrin and ricin. By some investigators they are regarded as a ferment analagous to diastase. A most important fact pointing to the latter theory is the extremely minute dose of the toxin required to be effective. It is estimated that a particle of tetanus toxin will kill an animal weighing 600,000,000 times its weight. This book does not dwell upon the technique of examination, inasmuch as a discussion upon the methods would render it of inconvenient size and, at the same time, it seems more appropriate that the practical laboratory work should be described by books devoted to that purpose.

The pathology of the skin and its appendages and the organs of special sense are for like reasons omitted in this volume, but considered as a book which devotes its attention to general pathology and the effects of diseases upon special organs, it is a condensed and up to date discussion of the subject.

A CLINICAL MANUAL OF SKIN DISEASES, with special reference to Diagnosis and Treatment, for the use of students and general practitioners, by W. A. Hardaway, A.M., M.D., Professor of Diseases of the Skin and Syphilis in the Missouri Medical College, St. Louis; Physician for Diseases of the Skin to the Martha Parson's Hospital for Children and to St. John's Hospital; Ex-President of the American Dermatological Association. Second edition, revised and enlarged, with 42 engravings and plates. Lea Brothers & Co., Philadelphia and New York, 1898.

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In the introductory part of the work the author treats of symptomatology, causes, diagnosis, local distribution, treatment and classification. This broad classification is as follows: 1 Inflammation; 2 Hemorrhages; 3 Hypertrophies; 4 Atrophies; 5 New Growths; 6 Neuroses; 7 Diseases of the Appendages of the Skin; 8 Parasitic Diseases, both vegetable and animal. As in the 557 pages some two hundred diseases are mentioned it becomes evident that they are handled in a concise manner, nearly all the matter is directed to diagnosis and treatment, and theories have to a large extent been neglected. The second edition has been thoroughly revised, new matter added, illustrations introduced and the diseases arranged under an orderly system of classification instead of alphabetically as heretofore. This manual is handy, well arranged and one which holds a medium place between the condensed compends and the systemic treatises. It is sufficiently broad to meet the wants of the senior student and the busy practitioner, though of course for full details the larger volumes will be required.

A POCKET MEDICAL DICTIONARY, giving the pronunciation and definition of the principal words used in medicine and the collateral sciences, including very complete tables of the arteries, muscles, nerves, bacteria, bacilli, micrococci, spirilli, and thermometric scales, and a dose list of drugs and their preparations, in both the English and Metric Systems of weights and measures. By George M. Gould, A.M., M.D., author of the "Illustrated Medical Dictionary," "The Student's Medical Dictionary;" editor of "The Philadelphia Medical Journal;" President 1893-1894 American Academy of Medicine. A new edition entirely rewritten and enlarged including over 21,000 words. Philadelphia, P. Blakiston's Sons & Co., 1012 Walnut St. 1898. Price $1.00.

This pocket dictionary, containing twice the amount of material that is usually found in pocket lexicons, stands high also in the quality of its contents. Though condensed it is accurate, definite and alive, being drawn from the actual medical literature of the day. The author it not a mere compiler, he has given in his large dictionary the best single volume medical lexicon in the language, so in this smaller work one finds the same quality that characterizes the larger one.

THE SEXUAL INSTINCT, Its Uses and Dangers as Affecting Heredity and Morals. Essentials to the welfare of the individual and the future of the race. By James Foster Scott, .A. (Yale University) M.D., C.M. (Edinburg University). Late Obstetrician to Columbia Hospital for Women, and Lying-in Asylum, Washington, D, C., late Vice-President of the Medical Association of the District of Columbia, etc,. etc. New York, E. B. Treat & Company, 241-243 West Twenty-third St, 1898. Price $2.00.

This is one of the most plain spoken and sensibly written books on this topic the reviewer has seen for a long time. It was intended for laymen, but contains much that ought to interest the physician. Often doctors are requested to name a book to be put in the hand of young adults that would give correct advice upon this subject. Scott's book is free from all morbidity, clean and straightforward, tersely and exactly depicting the dangers of sexual sins. He especially exposes the fallacy of the safety in visiting "high toned" prostitutes, and the *necessity* of sexual intercourse to preserve the procreating function. He is bitterly opposed to licensing prostitutes. Dr. Scott bases his opinion on a wide experience in the hospitals of Edinburg, Vienna and London and two and a half years residence in a hospital devoted to obstetrics and gynecology exclusively as well as his private practice.

ANNUAL REPORT OF THE BOARD OF REGENTS OF THE SMITHSONIAN INSTITUTION, showing the operations, expenditures, and condition of the Institution to July, 1896. Washington, Government Printing Office. 1898.

This contains, besides the official reports, many miscellaneous articles of scientific interest, some of which are fully and extensively illustrated. Possibly the most notable article is the one on the Pueblo mines near Winslow, Arizona,

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by J. Walter Fewkes. Bows and Arrows in Central Brazil by Hermann Meyer, and Egyptian Antiquities by J. De Morgan, are articles of similar merit and interest. The articles which especially appeal to the physician are: Recent Advances in Science, and Their Bearing on Medicine and Surgery, by Prof. Michael Foster; Surgery and Modern Physiology, by S. Bowdon-Sanderson; Processes of Life as Revealed by the Microscope, by Simon H. Gage; and He Was With the Microbes, by E. A. de Schiveinitz.

INTERNATIONAL CLINICS. A quarterly of clinical lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and specially prepared articles on treatment and drugs. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D., (Univ. of Penna.), Philadelphia, instructor in Clinical Medicine and lecturer on Physical Diagnosis in the University of Peansylvania; assistant physician to the Hospital of the University of Pennsylvania; professor on clinical medicine in the Philadelphia polyclinic; fellow of the College of Physicians of Philadelphia. J. Mitchell Bruce, M. D., F. R. C. P., London, England, physician to and lecturer on the principles and practice of Medicine in the Charing Cross Hospital. David W. Finlay, M. D. F. R. C. P., Aberdeen, Scotland, professor of practice of medicine in the University of Aberdeen; physician to and lecturer on Clinical Medicine in the Aberdeen Royal Infirmary; consulting physician to the Royal Hospital for diseases of the chest, London. Vol. III. Eighth series, 1898. Philadelphia: J. B. Lippincott Company, 1898.

In the present number of International Clinics, Dr. Bracken has the first article on the Therapeutic use of Alcohol. There then follow nine articles upon treatment, the most notable of which is the one by Casey A. Wood on the Diagnosis and Treatment of Ocular Headaches, and the treatment in certain skin affections, by Dr. Chas. W. Allen. This latter article is of special value because it contains important hints never before mentioned in the books. Medicine also has nine articles. The first one by Dr. O. Heubner, discusses at length chronic nephritis in children. Another article of great interest to the disgnostician is the one by T. Lauder Brunton on some forms of abdominal pain. Dr. Thomas H. Stucky, of Louisville, Ky., reports a very peculiar method of treating Tetanus, and that is to give 1-30th of a grain of strychnine every three hours. It seems to the reviewer that, of all the remedies suggested, the use of this drug for that condition was most strongly contra-indicated, for no two conditions present so similar a picture as Tetanus and strychnine poison. We hope to be able to hear later what has been the result of so unique a management of this almost incurable malady. Neurology has four clinics: Physical Signs in examination of Brain Cases, by Warner; Hysteria and Neurasthenia, by Patrick; Peripheral Neuritis, by McPhedran, and Bulbar Paralysis by Moyer. There are seven articles on Surgery. The most interesting one will probably be the article by Edmund Andrews on the comparative results of the four new operations for Hypertrophy of the Prostate Gland. There are three authors who write short articles on Gynecology and Obstetrics. One of them, Munde, speaks on several interesting topics. Three authors also discuss Ophthalmological subjects. Laryngology and Rhinology are represented by only one article, but that is an important one on Inflammation of the Middle Ear. The book closes with three articles on Dermatology, the first one of which, Diseases of the Skin associated with Glycosuria, will be of special interest to the general practitioner. The patrons of the International Clinics will note that this volume as a whole resembles, in the character of its articles, the preceding numbers.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. Playfair, M. D., LL. D., F. R. C. P., Emeritus professor of Obstetric Medicine in King's College, London. Examiner in Midwifery to the Universities of Cambridge and London. Seventh American from the Ninth English edition. In one very handsome octavo volume of 700 pages, with 207 engravings and seven full-page plates. Cloth $3.75, net; leather $4.75, net. Lea, Brothers & Co., publishers, Philadelphia and New York.

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Although the American is apt to have the opinion that America leads in all respects, politically, professionally and industrially, it is well also to be familiar with the opinions and practices of foreigners, especially of our cousins across the water. Doubtless no Englishman is so well and widely known in America as an obstetrician as Playfair; therefore, in putting before the profession in America the latest edition of Playfair's work upon Midwifery, the American publishers have rendered a service to the medical profession upon this side of the Atlantic. This book is very closely written, containing about 700 pages It is not so profusely illustrated as some of the newer American works, but it certainly is full of everything which pertains to the subject. Like all systematic works upon the subject, it treats first of the Anatomy and Physiology of the organs concerned in parturition; then treats of Pregnancy; of Obstetric Operations, and lastly of the Puerperal state. On page 501 the author discusses the question of administering anesthetics in forceps delivery. The author disapproves on account of the loss of self-control of the patient, although, at the same time, he advises, if it is likely that there be a prolonged or difficult manipulation, there should be called in another practitioner to undertake the responsibility of the administration. We personally are of the opinion that with a skillful anesthetist, it would be safer, as well as much easier, to put the patient under the influence of an anesthetic in most cases of artificial delivery. Playfair's work deals especially with the practical part of the subject, with a strong emphasis on the emergencies and difficulties which are likely to arise in this branch more frequently than in any other special line of work. Therefore, the author feels it his duty to dwell at length upon the most important matters connected with Sepsis, management of the child and mother, obstetrical complications and operations. This last edition being the ninth one published in England differs considerably from the preceding ones in two chapters: The chapter on Conception and Generation and the one on Puerperal Bacteriology, for it is in the science of Embryology and Bacteriology that the profession has of late years made the longest strides.

THE REFRACTION OF THE EYE, a Manual for Students. By Gustavus Hartridge, F. R. C. S., senior surgeon to the Royal Westminister Ophthalmic Hospital, Ophthalmic surgeon and lecturer on Ophthalmic Surgery to the Westminster Hospital; Ophthalmic Surgeon to St. Bartholomews Hospital, Chatham; Consulting Ophthalmic Surgeon to St. George's Dispensary, Hanover Square, etc. With 104 illustrations. Ninth edition. London, J. & A. Churchill, 7 Great Marlborough street, 1898. P. Blakiston's Son & Co., Philadelphia. $1.50.

The very fact that this little work has had nine editions in fourteen years speaks for its popularity more than words of praise. No better manual on refraction for students has been published.

TRANSLATIONS OF LECTURES DELIVERED BY AURELIO BIANCHI, M. D., Parma. Professor of Preparatory Clinical Medicine and of Pathology, on the Phonendoscope and its practical application. (Chapters 1, 2 and 3 of this book are the English translations of lectures delivered by Professor Aurelio Bianchi, and it is the direct intention of the publishers that this book shall not be mistaken for the complete book on Phonendoscopy in course of preparation.) With thirty-seven illustrations. With translations of special articles by Felix Regnault, M. D., France, and M. Anastiades, M. D., Greece. Translated by A. George Baker, A. M., M. D., physician-in-chief of the Chinese Medical Dispensary, Philadelphia, and author of prize essays entitled, "The Revival of Learning," and "The Germans in America," etc. This book may be procured in Europe from Martin Wallach, Nachfolger, Cassel, Germany. Philadelphia, U. S. A., George P. Pilling & Son, 1898, Copyrighted 1898, by George P. Pilling & Son, Philadelphia. All rights reserved. 55 cents.

Of all the instruments ever devised for auscultation the Phonendoscope has given the reviewer the most satisfactory results. It is the most scientific and compact instrument ever used. By its use the different sounds are distinctly observed and with very little practice distinguished from each other. The Phonendoscope has

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a wider application than the Stethoscope, is capable of being used on smaller areas and thus more carefully diagnosing small lesions. We believe that many of the incorrect criticism found with this instrument has been due to a faulty use of it. Therefore we hope this book will be widely read.

HUMAN ANATOMY. A Complete Systemic Treatise. By various authors, including a special section on Surgical and Topogrophical Anatomy, edited by Henry Morris, M. A., and M. B. Lamb, senior surgeon to the Middlsex Hospital. Illustrated by 700 wood cuts, the greater part of which are original and made expressly for this work by special artists; over 200 printed in colors. Second edition. Revised and enlarged. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut street, 1898. Price $6.00.

This work of 1274 pages is the work of twelve authors. The following are the divisions of the book:

Osteology, J. Bland Sutton, examiner in Anatomy, Royal College of Surgeons, London; Joints, Henry Morris; Muscles, by J. W. C. Davies Colby, F. R. C. S., London; Blood vessels and lymphatics by Wm. J. Walsham, St. Bartholomews Hospital, London; Nervous System, by H. St. John Brooks, M. D., Dublin, revised by Arthur Robinson, Middlesex Hospital Medical School; Eye, by R. Marcus Dun, London; Tongue, Nose, Throat, Voice, Respiration, by Arthur Hensman, Middlesex Hospital, revised by Arthur Robinson; Organs of Digestion, by Frederick Treves, London; Urinary and Generative Organs, the Skin, by William Anderson, St. Thomas Hospital; Surgical and Topographical Anatomy, by W. A. Jackson, Guy's Hospital, and Vestigial and Abnormal Structures, by Arthur Robinson, M. D., M. R. C. S.

Although these men wrote in their special fields, the proof sheets of one was always shown to two or more others, whose work invaded the same field, so that the work is in harmony—a thing somewhat difficult to attain when there are several authors. Two features as to the illustrations are especially commendable. In the illustrations of the bones, the origin of muscles are indicated by red lines, the insertions by blue lines, and the attachment of ligaments by dotted black lines; the other feature is the mode of describing the illustrations. Different structures have different types, that is muscle, fascia and ligaments are in one type, arteries, veins and lymphatics in another, bones in a third, and nerve structures in a fourth; the name of special organs, such as the liver, lungs, etc., are printed in the same type as the bones to avoid too great a variety of lettering.

In the figures the arteries are in red, the veins in blue and the nerves in yellow. Cuts are reprinted oftimes to prevent the delay of cross references. The clearness of the illustrations, their distinctness in detail, and proper shading render even the plain figures exceptionally instructive. The anatomical points are strictly up to date, for instance contrary to the usual opinion, the sigmoid flexure "passes more or less horizontally and transversely across the pelvis from left to right and commonly comes into contact with the right pelvic wall." This often may be of considerable importance for diagnostic purposes, as impacted feces in the right side might be mistaken for a tumor if this fact was not known.

There is an important point which has great influence in surgery of the forearm that is incorrectly given in this and most anatomies, viz., Morris says that the pronator radii teres is inserted into the rough impression on the middle of the outer surface of the radius, when in reality as McClellan shows, it is inserted by a flat tendon into the *oblique line* and the pronator impression on the outside of the radius. As the dressing of the arm in fracture of the radius in the prone or supine position depends upon whether the fracture is above or below the insertion of this muscle it is manifestly very essential to know exactly where that insertion is.

The volume is very complete, as its size, number of pages, and lines on the

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page give plenty of room to include all the anatomical facts known to microscopic anatomy. There has been no attempt to include the minute anatomy of the viscera, as this belongs to physiology and histology. The section on surgical and topographical anatomy is of utmost practical importance, and is a fitting resume of the facts of anatomy that are especially liable to be of value in surgery or diagnosis. Morris' anatomy will rank well to the front upon systemic treaties on this subject, and can be regarded as disputing with Gray as to first place as the best text-book for students of medicine.

ON THE ORIGIN AND PROGRESS OF RENAL SURGERY, with special reference to stone in the kidney and ureter; and to the surgical treatment of Calculus Anuria, being the Hunterian lectures fyr 1898, together with a critical examination of Subparsental Injuries of the Ureter, by Henry Morris, M. D., M. B.. London, F. R. C, S., senior surgeon to the Middlesex Hospital; examiner in surgery in the University of London; member of the council and chairman of the court of examiners of the Royal College of Surgeons of England; Hunterian professor of surgery aud pathology, Royal College of Surgeons of England; honorary member of the medical society of the county of.New York; formerly lecturer on surgery at the Middlesex Hospital Medical School. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut street. 1898. Price $1.00.

The practical deductions of a surgeon who has performed a rare operation 267 times, cannot fail to be of great interest to any surgeon, so a series of lectures by so eminent a surgeon as Henry Morris will receive attention the world over. There are four lectures and eleven tables in this book. I. Origin and Progress of Renal Surgery. II. Renal Calculus. III. Fistula, caused by Renal Calculus, obstruction anuria, Technique of exploration of kidney and ureter. IV. Injuries to the ureter. Over 130 pages are treated to the tabulation of 306 operative cases. Of course the abstract of these cases is brief, and only the calculus disorders have been discussed. As these lectures are entirely original, they make up a contribution to medical literature that every one essaying to undertake major surgery ought by all means to have. In the tables there is a short account of the leading symptoms, operation, result and general remarks. The following are the subjects tabulated: Nephrolithotomy (34 cases); Nephrotomy for stone (44), Nephrectomy for stone (18); exploratory operations (42), movable kidney (5), Hydronephrosis and Pyonephrosis (20), operations for tuberculous kidneys (28, for fistula from other causes (18), for tumors of the kidney (15), for injury of the kidney (4), collected cases of calculus anuria (49.) The mentioning of the above contents shows at once the character of the work.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS, A Manual for the use of Physicians, Surgeons and Students. By Charles W. Purdy, M. D., LL.D., (Queen's University); fellow of the Royal College of Physicians add Surgeons, Kingston; professor of Clinical Medicine at the Chicago Post-graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes, Its Causes, Symptoms and Treatment." Fourth revised edition. With numerous illustrations, including photoengravings and colored plates. In one crown octavo volume, 365 pages, bound in extra cloth, $2.50 net. The F. A. Davis Co., publishers, 1914-16 Cherry street, Philadelphia; 117 W. Forty-second street, New York city: 9 Lakeside building, 378-220 S. Clark street, Chicago, Ill.

The reviewer has for the past two years made a daily use of Purdy, and he is not surprised to learn that this book has been adopted by upwards of sixty medical colleges as a text-book upon urinary analysis. The centrifugal machine and methods introduced by the author are now standard in the medical laboratories of the land. Not alone their accuracy, but their simplicity and quickness recommend them to the busy practitioner. A text-book written by so eminent and practical instructor could hardly fail to embody the best literature on the subject.

The reviewer has used this book in the compilation of lectures and has found it lucid, comprehensive and practical. The author's quantitative determination of

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sugar is the simplest and most accurate method that the reviewer has yet seen. One feature that especially recommends this book to the practicing physician is the full discussion of the diagnostic value of the data discovered. Surgeons will find here important information as to the exact location of urinary troubles. Indeed the great value of the book is the help it gives to all in ascertaining the clinical significance of the conditions present.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE, for use in Training Schools for Attendants and Nurses and in Medical Classes. By C. B. Burr, M. D., medical director of Oak Grove Hospital for nervous and mental diseases, Flint Mich.; formerly medical superintendent of the Eastern Michigan Asylum; member of the American Medico-Psychological Association, etc. Second edition, thoroughly revised. 5½x7¾ inches. Pages ix-116. Extra Cloth, $1.00 net. The F. A. Davis Co., publishers, 1914-16 Cherry street, Philadelphia; 117 West Forty-second street, New York city; 9 Lakeside building, 118-250 S. Clark St., Chicago, Ill.

It is eminently proper that nurses who may be called upon to care for the mentally incompetent receive proper instructions as to their duties. To glean from the abstruse volumes intended for the specialist in Neurology, information calculated for the nurse only, would be an impossibility. On the other hand ordinary manuals on nursing have nothing to say on the special duties required of the attendant on those sick with mental disorders. In order to understand the abnormal it is needed here, as in all other cases, to comprehend the normal. Accordingly this little work devotes about one-third of its space to Psychology, and the other to the classification and management of insanity. It is a very clear book, and put in simple and direct language.

AN AMERICAN TEXT-BOOK OF THE DISEASES OF CHILDREN, including special chapters on essential surgical subjects; orthopedics; diseases of the eye, ear, nose and throat; diseases of the skin; and on the diet, hygiene, and general management of children. By American teachers. Edited by Louis Starr, M.D., Consulting Paediatrist to the Maternity Hospital of the University of Pennsylvania; Member of the Association of American Physicians and of the American Paediatric Society; Fellow of the College of Physicians of Philadelphia, etc., assisted by Thompson S. Westcott, M.D., Instructor in Diseases of Children, University of Pennsylvania; Visiting Physician to the Methodist Episcopal Hospital; Physician to the Dispensary of the Children's Hospital; Fellow of the College of Physicians of Philadelphia; and member of the American Paediatric Society. Second edition, revised. Philadelphia, W. B. Saunders, 925 Walnut St. 1898. $7.00 cloth; $8.00 sheep or ½ morocco.

The introduction to this large volume contains an excellent article by Starr himself on the Clinical Investigation of Disease and the Management of Children, also the Chemistry of Milk and of Artificial Foods, by Leeds; and Modified Milk, by Westcot. Edward P. Davis, of Philadelphia, writes on the injuries incident to Birth and Diseases of the New Born. The diathetic diseases are treated under the head of Lithæmia by Rachford, and Syphilis by Chopin. The infectious diseases make up a very considerable part of the book (about 200 pages). The article on Diptheria by Dillon Brown, has been entirely rewritten, "Antitoxin should be given at the earliest possible moment in all cases of suspected diptheria," is the dictum found on page 269. Large and frequent dosage, 2,000 units repeated in 12 hours is recommended in laryngeal diphtheria. The soundness of this advice the reviewer can attest, he having saved an apparently moribund case of the laryngeal type, by intubation, and the repeating of a 1,500 unit dose three times within 18 hours. The modern treatment by lavage of the stomach for cholera, acute milk infection and chronic gastritis is strongly advocated. Enteroclysis and subcutaneous saline injections are recommended in cholera, these valuable methods are not spoken of in acute milk infection, which is often acompanied with as fatal diarrheas as is cholera, though the indication for this procedure is often as marked in one case as in the other and for the same reason, lack of proper amount of blood.

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There are two diseases which are classed as general and not infectious, rachitis and rheumatism. DaCosta while calling acute rheumatism "a specific febrile malady" does not class it as does Osler in his new edition, among the infectious diseases. Under diseases of the blood anæmia and leukæmia are discussed by Packard of Philadelphia, purpura hæmorrhagica by Lockwood of New York, and hæmophilia and scorbutus by Northup of New York. The identity of acute rickets and scorbutus is maintained by Starr himself in an addenda. Indeed one of the advantages of the volume is the harmonizing of the differences and the addition of important data by the editor in charge. The work thus becomes uniform and connected.

The remainder of the book is devoted to the discussion of the diseases and troubles of the various systems and special organs. Of those articles Victor Vaughn's on diarrheal diseases is one of the most important and instructive.

Thos. L. Latimer, Jas. H. Lloyd, Frederick Peterson, Chas. W. Burr, Chas. K. Mills, M. Allen Starr, Henry M. Lyman, F. T. Miles, Archibald Church and T. S. Wescott are the neurologists who wrote 33 articles on diseases of the nervous system. In his essay on Hysteria, Lloyd insists on the wise and needed caution not to confuse the stigmata of degeneracy with those of hysteria—a fault which many professional men, as well as almost universally the laity commit. Another well-timed caution is the insistence by Peterson that convulsions in children is a symptom of importance, and not to be lightly regarded as it is by many physicians. It does not come within the scope of a general review to specifically analyse the numerous excellent articles devoted to the maladies peculiar to individual organs, suffice it to say that the entire ground is succinctly and carefully covered by well known specialists, and the entire army of writers and under the control of a general who is well known as a pædiatrist. This volume, of all this series of American text-books, will be most sought after, for its subject matter deals with that which engages to so large an extent the attention of the general practitioner.

SAUNDERS' QUESTION-COMPENDS, No. 7.—Essentials of Materia Medica. Therapeutics, and prescription writing arranged in the form of questions and answers prepared especially for students of medicine, by Henry Morris, M.D., Fellow of the College of Physicians of Philadelphia; honorary member of the Altoona Academy of Medicine; associate member of the Association of Military Surgeons of the United States; member of the American Medical Association, of the Philadelphia State Medical Society, of the Philadelphia County Medical Society, of the Pathological Society of Philadelphia; physician to St. Joseph's Hospital. Fifth edition, revised and enlarged. Philadelphia, W. B. Saunders, 925 Walnut St. 1898. Price $1.00.

A quiz-compend that has passed through five editions must have exceptionally good qualities. This little work of Morris' being indebted to such authorities as Wood, Bartholow and Ringer, is of a necessity sound in theory and in statements. Its classification of drugs on a therapeutical rather than a physiological basis meets the approval of the actual practitioner, for it is the use of medicines, and their affect on disease which governs the busy physician, and the inquiring student. Properly used this book can not fail to bring a safe and time-saving help to the student.

A MANUAL OF THE PRACTICE OF MEDICINE, by Frederick Taylor, M, D. F. R. C. P. physician to, and lecturer on medicine at the Evelina Hospital for sick children; examiner in medicine at the University of Dunam and to the Royal College of Physicians and in Materia Medica and Pharmacutical Chemistry at the University of London. Fifth edition. London, J. and A. Churchill, 7 Great Malborough Street. 1898. P. Blakiston Son & Co. Price $4.00.

The author devotes the most of his attention to symptoms, diagnosis, prognosis and treatment, and while of course considering etiology and pathology, he regards

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a full discussion of them pertinent to works devoted especially to them. His mode of classification, as indeed now all attempts at definite arrangement, is not satisfactory in all respects. He puts rheumatism and rickets with diseases of bones and joints, and not as most American authors as general diseases. Of course, as have all authors that the reviewer has ever read, Taylor is in line on the antitoxin treatment for diphtheria, stating "it should be employed as soon as possible after the diagnosis has been made." He favors early large dosage, and claims that it has reduced the mortality in operation cases. He claims that the question of tracheotomy or intubation is still *subjudice*. It seems to the reviewer that if the author's directions are carried out tracheotomy will rarely ever be required, for of all the forms of diphtheria the laryngeal variety yields to vigorous antitoxin treatment, and a few hours of respite fron dyspnoea given by the tube will put the patient past the danger point. The author does not mention immunization of the exposed patients, a procedure entirely harmless and nearly always efficacious, if not in preventing an infection at least in securing a mild attack.

Over two hundred pages are devoted to a concise resume of diseases of the nervous system. The introduction to this system has evidently been carefully rewritten for it embodies the latest opinions on neurology. The diseases of the respiratory, circulatory, digestive, and urinary organs are each preceded by a short summary of the methods of examination. This uniting of physical diagnosis with practice is a rational procedure and a feature which commends the work to the judgment of the reviewer.

PAMPHLETS RECEIVED.

DISEASES AS DESCRIBED IN LITERATURE. Annual address of retiring president, Medical Society, State of California, 1898. By CEPHAS L. BARD, M. D., Ventura, Cal.

AN EPIDEMIC OF CEREBRO-SPINAL MENINGITIS. Trans. Med. Soc. State of Cal. 1898. By H. G. BRAINERD, M. D., Los Angeles, Cal.

NEUROTIC ECZEMA. From Amer. Med. Ass'n, April 16, 1898. By L. DUNCAN BULKLEY, A. M., M. D.

ABDOMINAL AND PELVIC SURGERY. Extracts from clinical lectures and society transactions. By W. H. WATHEN, A. M., M. D., LL.D., Louisville, Ky.

THE SURGERY OF THE GALL-BLADDER AND ITS DUCTS. The Medical Age, April 25, 1898. Some remarks and reports upon specimens in abdominal surgery. From the Physician and Surgeon. By H. D. WALKER, M. D., Detroit, Mich.

DIET OF CONSUMPTIVES. The Medical News. By REYNOLD W. WILCOX, M. D., New York.

MUTUAL RELATIONS OF THE RAILWAY SURGEON AND THE NEUROLOGIST. Jour. Amer. Med. Ass'n, April 23, 1898. By J. T. ESKRIDGE, M. D., Denver, Col.

A CLINICAL STUDY OF KRYOFINE. New York Med. Jour., March 26, 1898. By SIDNEY V. HAAS, M. D., and J. BENNETT MORRISON, M. D., New York.

THE TREATMRNT OF CHRONIC ENTERITIS. Western Med. and Surg. Gazette, Feb. 1898. By E. P. HIRSBEY, C. E., M. D., Denver, Col.

THE X-RAY FROM A MEDICO-LEGAL STANDPOINT. Jour. Amer. Med. Ass'n, April 30, 1898. THE PRELIMINARY CONDUCT OF INTESTINAL OPERATIONS Trans. Ohio State Med. Society. By R. HARVEY REED, M. D.

FOUR CASES OF IRON FOREIGN BODIES REMOVED FROM INTERIOR OF THE EYE WITH HAAB'S LARGE ELECTRO-MAGNET. Arch. of Ophthal, Nov. 1, 1898. CHRONIC OTITIS MEDIA PURULENTA-ABSCESS IN THE TEMPORO-SPHENOIDAL LOBE, FOLLOWED BY PURULENT LEPTOMENINGITIS—OPERATION—DEATH. Arch of Otol, Nov. 5, 1897. By A BARKAN, M. D., San Francisco, Cal.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California. *Month of November, 1898*

Date	TEMPERATURE Max.	Min.	Mean	Precipitation in inches and hundredths
1	72	49	60	0
2	80	46	63	0
3	80	49	64	0
4	84	49	66	0
5	94	57	76	0
6	92	59	76	0
7	69	56	62	0
8	74	55	64	0
9	79	44	62	0
10	77	52	64	0
11	76	42	59	0
12	74	42	58	0
13	74	43	58	0
14	76	42	59	0
15	77	48	62	0
16	74	44	59	0
17	77	46	62	0
18	81	47	64	0
19	67	45	56	0
20	62	49	56	T
21	68	42	55	0
22	69	41	55	0
23	70	43	56	0
24	67	41	54	0
25	71	55	63	0
26	72	49	60	0
27	67	45	56	0
28	67	44	55	0
29	67	47	57	0
0	66	44	55	0
31	..	..	..	
Mean	74	47	61	

SUMMARY

MONTHLY RANGE OF BAROMETER:
Mean Atmospheric Pressure, 29.99.
Highest pressure, 30.24, date 27th.
Lowest pressure, 29.83, date 24th.
Mean Temperature, 61°.
Highest temperature 94°, date 5.
Lowest temperature 41°, date 24.
Greatest daily range of temperature 37°, date 5.
Least daily range of temperature 13°, date 20.

MEAN TEMPERATURE FOR THIS MONTH IN

1878	1885 .....60°	1892 .....62°
1879..... 57°	1886..... 57°	1893.....57°
1880 .....56°	1887..... 60°	1894.....59°
1881.....57°	1888..... 60°	1895.....60°
1882..... .....58°	1889 .....61°	1896.....60°
1883.....60°	1890.....66°	1897..... .62°
1884..... ..61°	1891 ..... 61°	1898..... .61°

Mean temperature for this month for 21 years, 60°
Average excess of daily mean temp. during month 1°
Accumulated excess of daily mean temp. since Jan. 1, 389°
Average daily excess since January 1, 1°.
Prevailing direction of wind, West.
Total movement of wind, 2732 miles.
Maximum velocity of wind, direction, and date, 24m, NE, the 25
Total Precipitation, T
Number of days with .01 inch or more of precipitation, 0.
Mean Dew Point, 40 per cent.
Mean Relative Humidity, 57 per cent.

TOTAL PRECIPITATION FOR THIS MONTH IN

1881..... .27	1887..... .78	1893..... .20
1882.....1.82	1888.....4.01	1894..... .00
1883..... .00	1889.....1.35	1895... ..... .80
1884.....1.06	1890..... .13	1896..... 1.66
1885.....5.52	1891..... .00	1897 ..... .01
1886. ....1.18	1892.....4.40	1898..... T

Average precip'n for this month for 21 years, 1.38 inches
Total deficiency in precipitation during month, 1.38 inches.
Total precipitation from Sept. 1 1898, to date, .11 inches.
Average precipitation from Sept. 1 to date, 2.20 inches.
Total deficiency from Sept. 1, 1898, to date, 2.09 inches.
Average precipitation for 7 wet seasons, 25.97 inches.
Number of clear days 18, partly cloudy days 10, cloudy days 2.
Dates of frost, 21st.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., NOVEMBER, 1898.

STATIONS	TEMPERATURE Mean	Max.	Min.	Mean Barometer	Relative Humidity	RAINFALL Days	Am't	WEATHER Clear	Fair	Cld'y	WIND Direc'tion	Total Mov't
Los Angeles	61.	94.	41.	29.99	57.	0	T	18	10	2	W	2,732
San Diego	59.	76.	43.	29.99	62.	2	.15	28	0	2	NW	3,917
Santa Barbara	59.1	88.	42.		59.	0	.0	27	1	2	NW	2,409
Yuma	....											
N. Ontario	58.	90.	38.				.12	29	1			
Pasadena	57.4	79.	42.					30	0	0	E	
Redlands	61.1	85.	42.				.23	27	0	3	W	
Riverside	59.	93.	36.				.01	24	6	0	W	
Santa Ana	58.5	92.	40.				.0	28	0	2	NE	
San Bernardino	56.2	92.	30.				.05	24	6	0	N	

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, M. B. DeVane Yuma. W. H. HAMMON, Director California Weather Service, San Francisco, Cal.

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REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 103,000 — *November, 1898.*

ESTIMATED SCHOOL CENSUS, 1897, 30,000.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Cauc'sian	African	Mongol
Deaths from all causes	131	15.26	77	54	27	10	60	34	125	3	3
Deaths under 5 years	23	.....	...	..	...	...	...	...	...	...	.....
i. Specific infectious diseases	19	2.21	10	9	6	1	6	6	19	....	.....
ii. Diseases of the digestive system	7	.81	5	2	2	1	3	1	7	..	.....
iii. Diseases of the respiratory system	44	5.10	21	23	6	5	20	13	40	1	3
iv. Diseases of the nervous system	15	1.74	8	7	2	2	9	2	14	1	.....
v. Diseases of the circulatory system, blood and ductless glands	19	2 21	14	5	6	1	6	6	18	1	.....
vi. Diseases of the genito-urinary organs	7	.81	3	4	1	....	4	2	7	..	.....
vii. Constitutional diseases	6	.70	4	2	4	....	2	....	6	....	.....
viii. Intoxication, violence, accidents	9	1.05	8	1	....	....	5	4	9	....	.....
ix. Miscellaneous diseases	5	.54	4	1	....	....	5	....	5	....	.....
i. Septicæmia	...	.....	....	....	....	..	....	....	...	.	.....
Pyæmia	1	.....	....	1	....	....	1	..	1	....	.....
Diphtheria	3	.....	....	3	2	....	1	....	3	..	.....
Erysipelas	...	.....	....	....	....	....	....	....	...	....	.....
Typhoid fever	5	.....	4	1	1	1	1	2	5	....	.....
Malarial Fever	....	.....	....	....	....	....	....	....	....	....	.....
Scarlet fever	....	.....	....	....	....	....	....	....	....	....	.....
Measles	...	.....	....	....	....	....	....	...	...	....	.....
Pertussis	...	.....	....	....	....	....	....	....	...	....	.....
Cerebro-Spinal Meningitis	2	.....		2	1	....	1	....	2	....	.....
Small Pox	....	.....	....	....	....	....	....	....	....	....	.....
Tuberculosis	4	.....	3	1	1	....	1	2	4	....	.....
Influenza	1	.....	1	....	....	....	....	1	1	....	.....
Dysentery	....	.....	....	....	....	....	....	....	....	....	.....
Syphilis	....	.....	....	....	....	....	....	....	....	..	.....
Tetanus	2	.....	2	....	1	....	1	....	2	....	.....
Carbuncle	....	.....	....	....	....	....	....	....	....	....	.....
Anthrax	1	.....	....	1	....	....	....	1	1	....	.....
ii. Diseases of the Œsophagus	....	.....	....	....	....	....	....	....	....	....	.....
Gastritis	1	.....	1	....	1	....	....	....	1	....	.....
Gastro-Enteritis	....	.....	....	....	....	....	....	....	....	1	.....
Cholera infantum	1	.....	1	....	....	1	....	....	1	....	....
Peritonitis	....	.....	....	1	....	....	....	....	....	....	.....
Entero-Colitis	1	.....	....	1	....	....	1	....	1	....	.....
Appendicitis	2	.....	2	....	....	....	2	....	2	....	.....
Typhilitis	....	.....	....	....	....	....	....	....	....	....	.....
Intestinal obstruction	1	.....	....	1	....	....	....	1	1	....	.....
Diseases of the liver	1	.....	1	....	1	....	....	....	1	....	.....
iii. Membranous Croup	....	.....	....	....	....	....	....	....	....	....	.....
Bronchitis	1	.....		1	....	....	1	....	1	....	.....
Pneumonitis	16	.....	7	9	5	2	6	3	16	....	.....
Pleuritis	....	.....	....	....	....	....	....	....	....	....	.....
Phthisis	27	.....	14	13	1	3	13	10	23	1	3
iv. Diseases of the brain	11	.....	6	5	1	2	7	1	11	....	.....
Diseases of the spinal cord	..	.....	....	....	....	....	....	....	....	....	.....
Neuritis	...	.....	....	....	....	....	....	....	....	....	.....
Eclampsia	4	.....	2	2	1	....	2	1	3	1	.....
Epilepsy	....	.....	....	....	....	....	....	....	....	....	.....
Neurasthenia	....	.....	....	....	....	....	....	....	....	....	.....
v Diseases of the Heart	19	....	14	5	6	1	6	6	18	1	.....
Degeneration of the Arteries	....	.....	....	....	....	....	....	....	....	..	.....
Aneurism	....	.....	....	....	....	....	....	....	....	....	.....
Anaemia	....	.....	....	....	....	....	....	....	....	....	.....
Diseases of the Ductless Glands	..	.....	....	....	....	....	....	....	....	....	.....
vi. Uraemia	2	.....	1	1	....	....	2	....	2	..	.....
Acute Bright's Disease	2	.....	....	2	....	....	2	....	2	....	.....
Chronic Bright's disease	2	.....	1	1	1	....	..	1	2	....	.....
Nephritis	1	.....	1	....	....	....	....	1	1	....	.....
Diseases of the Genito-Urinary Organs	..	.....	....	....	....	....	....	..	....	....	.....
vii. Rheumatism	....	.....	....	....	....	....	....	....	....	....	.....
Diabetes	....	.....	....	....	....	....	....	....	....	....	.....
Inanition	4	.....	3	1	4	....	....	....	4	....	.....
Senility and Asthenia	2	.....	1	1	....	....	2	....	2	....	.....
viii. Alcoholism	....	.....	....	....	....	....	....	....	....	....	.....
Suicides	....	.....	....	....	....	....	....	....	....	....	.....
Violence and Accidents	9	.....	8	1	....	....	5	4	9	..	.....
ix. Tumors—malignant	4	.....	3	1	..	....	4	....	4	....	.....
Tumors—non-malignant	1	....	1		..	....	1	....	1	..	.....
Other diseases	....	.....	....	....	....	....	....	....	....	....	.....

L. M. POWERS, M.D., Health Officer.

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THE ONLY ONE.

"I am glad to be able to give you the following testimony regarding a patient who had been an invalid for many years, and has had great trouble with her diet, I think due to a sub-acute inflammation of the mucous membrane of the stomach and bowels. For months at a time she has been unable to take a particle of starchy food, and naturally a number of the prepared foods have been tried and different ones have seemed for a time to agree with her, but Imperial Granum is the only one she can always rely on, often using it exclusively as a diet for weeks at a time. In one or two instances we feel that it has almost saved her life."

SPERMATORRHEA.

Having a case of spermatorrhea of several years standing, which came under my care about nine months ago, I prescribed the usual remedies, in this case, viz., bromide potash, ergot, ferrum, digitalis, belladonna and cimicifuga, with very unsatisfactory results. Seeing your preparation, Celerina, recommended for this affection, I procured some, and administered it in this case with such marked results after the use of the first bottle, that I immediately ordered two more bottles, which have entirely cured him of this affliction. I have two other patients now under treatment with Celerina which are progressing very favorably. After a practice of twenty-nine years I have no hesitancy in saying that it is the most effectual remedy that I have ever prescribed in the above disease.—H E. Raub, M.D., Quarryville, Pa.

A DESIRABLE ANTISEPTIC.

As a deodorant and antiseptic for the sick room and for the dentist's office, Listerine stands pre-eminent. While it is equal to any and superior to most of the agents commonly used under such circumstances, it adds an agreeable aroma instead of an offensive odor to the surroundings; and is particularly well-adapted to the lying-in room. It may be freely used in spray or lotion without stain or irritation as an agreeable and effectual detergent. It is also specially commendable in weak solution, as a mouth-wash and gargle for aphthous sores or a fungus condition of the gums, and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of Listerine in water is a particularly grateful and excellent remedy. Moreover, according to a series of "Experiments upon the Strength of Antiseptics," by Dr. A. T. Cabot (*Boston Medical and Surgical Journal*), Listerine compares favorably with the most reliable agents for the rapid destruction of micro-organisms.—*The Sanitarian.*

IN LARYNGEAL OR WINTER COUGHS.

Dr. Walter M. Fleming (*Journal of Nervous and Mental Disease*) sars that in acute attacks of laryngeal or winter cough, tickling and irritability of larnyx Antikamnia and Codeine Tablets are exceedingly trustworthy. If the irritation or spasm prevails at night the patient should take a five grain tablet, containing 4¾ gr. Antikamnia and ¼ grain Sulphate Codeine, an hour before retiring and repeat it hourly until the irritation is allayed. Allow the tablet to dissolve slowly in the mouth, swallowing the saliva. After taking the second or third tablet the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail in the morning or at midday, the

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same course of administration should be observed until subdued. In neuralgia, in short, for the multitude of nervous ailments, he doubts if there is another remedial agent so reliable, serviceable and satisfactory, and this, without establishing an exaction, requirement, or habit in the system, as morphine does.—*The New York Msdical Journal.*

NEUROSINE VS. WHOOPING COUGH.

Markedly curative.
Lessens number and shortens duration of cough.
Abolutely indicated in second stage.
Always reliable; no stomachic disturbance.
Produces quiet, restful sleep.
Contains no opium, morphine, or chloral.
No depressing or detrimental efter effects.

MICAJAH'S MEDICATED UTERINE WAFERS—Made by Micajah & Co., of Warren, Pa., has given great satisfaction in the hands of many practitioners. In cases of engorgement of the cervix-uteri they afford marked relief; in fact, in all inflammatory conditions, they are highly beneficial, and in cases of endometritis decided improvement has been reported from their use. One advantage in this treatment is the ease of application. (*Kansas City Medical Record.*) Send for sample.

FROM THE CAPITOL.

Professor John Milton Bigelow, of Albany Medical College, states: "Piatt's Chlorides are incomparable, reliable and effective for all purposes set forth in the prospectus of the firm."

E. H. Humphrey, M. D., writes: "I recently had a boy sick with scarlet fever isolated in a room, the doorway of which was constantly covered with sheets kept wet with Platt's Chlorides. Four other boys escaped infection, though they remained in the same house."

Many saline laxatives and cathartic pills are contra indicated in the treatment of habitual constipation on account of their tendency to deplete the system too rapidly. Physicians frequently report a progressive inefficiency from their continued use. Doctors say the more one takes of salts and pills the more constipated the system becomes, while on the other hand one enjoys both the method and results when Syrup of Figs is taken; it is pleasant and refreshing to the taste and acts gentle yet promptly on the kidneys, liver and bowels, cleanses the system effectually and overcomes habitual constipation permanently. The great trouble with all other purgatives and aperients is not that they fail to act, when a single dose is taken, but thot they act too violently. Lrdies and children enjoy the pleasant taste ond gentle action of Syrup of Figs, find it delightful and beneficial whenever a laxative remedy is needed, for business men it is invaluable, as it may be taken without inconvenience and does not gripe nor nauseate.

SANMETTO IN URETHRITIS, CYSTITIS, PROSTATIC ENLARGEMENT AND ENURESIS.

I gladly write my opinion of Sanmetto. For two years it has given results which are perfectly satisfactory. Have had equal success with it in urethritis, cystitis and prostatic enlargement, and phenomenal success when using it for incontinence of urine, both in children and old people. If in medicines we have specifics, then Sanmetto I regard as one in enuresis.

Bourbon, Ind. C. M. HARRIS, M, D.

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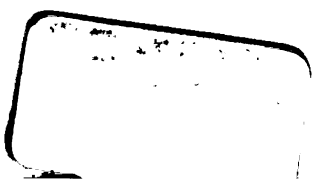

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